

A CHAPLAIN'S PERSPECTIVE ON DEPLOYMENT
AND ITS IMPACT ON SUICIDE

A THESIS
SUBMITTED TO THE FACULTY OF
GORDON-CONWELL THEOLOGICAL SEMINARY

IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE DEGREE
DOCTOR OF MINISTRY

BY
ALBERT L. DOWNING
MAY 2012

GODDARD LIBRARY
Gordon Conwell Theological Seminary
130 Essex Street
South Hamilton, MA 01982-2361

Copyright ©2012 by Albert L. Downing. All Rights Reserved.

It is morale that wins the victory. It is not enough to fight. It is the spirit which we bring to the fight that decides the issue. The soldier's heart, the soldier's spirit, the soldier's soul, are everything. Unless the soldier's soul sustains him he cannot be relied on and will fail himself and his commander and his country in the end... It is morale that wins the victory...

-- General George C. Marshall

CONTENTS

Abstract	vi
CHAPTER 1: THE PROBLEM AND ITS SETTING	1
The Issue	1
What Is the Suicide Rate in Military Services?	4
The Ministry Setting	5
Thesis Statement	6
Research Questions	7
Assumptions.....	7
Methodology	8
Parameters of the Project	9
CHAPTER 2: THEOLOGICAL FRAMEWORK	11
Chaplaincy	11
Suicide and Military Leadership.....	16
CHAPTER 3: LITERATURE REVIEW	28
Introduction.....	28
The Psychological Context of War	29
Expectations of a Chaplain within a Combat Environment.....	33
Best Practices for Chaplains	39
Summary	43
CHAPTER 4: PROJECT DESIGN.....	45
Introduction.....	45
Research Method and Design	45

Research Participants and Data Collection	47
Data Analysis	49
Assumptions and Limitations in Method	49
Summary	50
CHAPTER 5: CONCLUSION AND RECOMMENDATION	52
Overview	52
Findings.....	53
Recommendations	63
Educational Foundation	63
Suicide Prevention Training.....	64
Administrative Changes	66
Conclusion	67
Appendix A: Suicide Reports 2007/2008	69
Appendix B: Chaplains' Assessment Reports	81
Appendix C: Letter From a Soldier's Spouse	95
Appendix D: Recommended Roles and Responsibilities	98
References.....	99
Vita.....	104

ABSTRACT

The United States Army has and will continue to train, prepare, and send chaplains on combat deployments in the Global War on Terrorism. As the spiritual leaders of the United States Army, chaplains must prepare for their combat deployment and the ensuing hardships, risks, and dangers of combat. This thesis examines how chaplains prepare for deployment and how it relates to suicides as well as its implications upon marriages. It also considers chaplains in recent and present combat operations.

CHAPTER 1: THE PROBLEM AND ITS SETTING

The Issue

This thesis will examine how chaplains are prepared for combat deployment and the impact of deployment upon suicides and suicides' correlation with marriage and marriage counseling support. The thesis will also examine the field impact of the courses that are taught at the United Army Chaplain Center and School (USACHCS), which is the school for the Army Chaplaincy. It will also consider the length of time chaplains spend in the classroom prior to being assigned to a unit or battalion in order to determine whether or not their preparation is adequate for the tasks at hand. The focus of the thesis will be primarily on suicide, and secondarily on marriage as it relates to suicide.

The United States of America has officially been engaged in a Global War on Terrorism since September 11, 2001 (Ikenberry, 2004). The Global War on Terrorism has led to a continuing series of combat deployments usually lasting twelve or more months. These constant combat deployments involve a relentless combination of coping with family issues, such as being separated by long distances, working long hours, maintaining the household while one spouse is deployed, enduring prolonged tedium and moral temptations, suffering in the wounding or death of friends, the stress of threat from violence, loss of social support groups and many other such dynamics. These combined dynamics, compounded with the extended duration of a combat deployment, heavily taxes the physical, mental, emotional, and spiritual stores of any soldier.

As a result of these stresses, the Army has experienced a high number of suicides during these deployment years which have increased over time. In 2003 in the Army alone, there were 60 suicides Army-wide and 25 in Iraq; in 2004, 67 suicides; in 2005, a

total of 83 soldiers committed suicide (Associated Press, 2006). After 2006, however, the numbers have increased even more significantly. In 2006, there were 102 suicides Army-wide, 24 in Iraq and 3 in Afghanistan; in 2007, 935 suicide attempts including 115 suicides Army-wide, 32 in Iraq and 4 in Afghanistan; in 2008, 140 suicides of active-combat soldiers, and in 2009, as many as 160 suicides plus 71 soldiers who committed suicide after being taken off active duty (Stewart, 2009). As Stewart (2009) notes, "The military's suicide rate among active-duty soldiers was about 20 per 100,000, nearly double the national U.S. rate of 11.1 suicides per 100,000 people, as reported by the U.S. Centers for Disease Control and Prevention," (para. 17) up from a military suicide rate of 13 per 100,000 in 2005.

In addition, according to a CNN report, the Army noted that 24 soldiers are believed to have committed suicide in January 2009 alone - six times as many as killed themselves in January 2008 (Hornick, 2009). The Army said it already has confirmed seven suicides, with 17 additional cases pending. Those suicides mean that more soldiers have killed themselves than died in combat last month. According to Pentagon statistics, there were 16 U.S. combat deaths in Afghanistan and Iraq in January 2009; more soldiers killed themselves than were killed in Afghanistan and Iraq combined that month (Hornick, 2009). This means that, looking at statistics tracked for the last thirty years, the rate of suicide in the U.S. Army is the highest it has ever been.

A recent study also found that deployment length was related to increases in depression and PTSD in male soldiers but not in female soldiers (Adler et al., 2005). The results of this study can be found the the table below.

Table 1: Length of Deployment and Mean Scale Score by Gender for Soldiers in Noncombat Arms Units

Variable	Months on deployment									
	1-2		3-4		5-6		7-8		9+	
	M	SD	M	SD	M	SD	M	SD	M	SD
Depression										
Women	32.71 (76)	8.97	34.54 (193)	9.00	33.65 (322)	8.36	33.30 (494)	8.42	32.83 (131)	8.14
Men	30.39 (167)	7.28	30.98 (389)	7.32	32.16 (173)	8.08	32.72 (774)	8.48	32.84 (600)	8.19
Total	31.12 (243)	7.90	32.16 (582)	8.07	33.13 (495)	8.29	32.95 (1268)	8.46	32.84 (731)	8.17
Posttraumatic stress symptoms										
Women	26.44 (70)	10.46	28.12 (180)	11.66	29.03 (307)	10.81	29.12 (462)	10.79	28.53 (121)	10.84
Men	23.73 (164)	7.99	24.60 (379)	9.22	27.91 (169)	10.88	27.47 (739)	10.70	28.15 (578)	10.33
Total	24.54 (234)	8.86	25.73 (559)	10.19	28.63 (476)	10.84	28.11 (1201)	10.76	28.22 (699)	10.42

What the table above shows is that for male soldiers in particular, there is a rapid increase in both depression and in PTSD over the course of deployment, even on a month by month basis.

Divorce rates in the Army are also increasing along with suicides, according to Hornick (2009). Hornick (2009) reports that Defense Secretary Robert Gates stated that, "I think part of the problem in terms of the strains ... whether it's divorce rates or suicides, I would say ... these are manifestations also of repeated tours... It's not just the length of the tour, but the fact that so many have gone back for two or three, even four rotations in Iraq and Afghanistan. I think it's a combination of all those things" (para. 12). There is evidence that there is a connection between these two factors due to increased stress, which has been borne out in the researcher's own field experience as well.

What Is the Suicide Rate in Military Services?

Suicide rates are typically reported in number of cases per 100,000 people. The figure below shows the suicide rate among active-duty personnel for each military service and for DoD overall and reflects the published rate among active-duty military through 2008. It shows that, in 2008, the U.S. Marine Corps (USMC) and the U.S. Army have the highest rates (19.5 and 18.5, respectively), and the Air Force and the Navy have the lowest rates (12.1 and 11.6, respectively).

The figure also indicates that the suicide rate across DoD has been climbing, rising from 10.3 in 2001 to 15.8 in 2008, which represents about a 50-percent increase. The increase in the DoD suicide rate is largely attributable to a doubling of the rate in the Army. There is evidence that the suicide rate in DoD in calendar year (CY) 2007 was higher than those in CYs 2001 and 2002. There is also evidence that the rate in CY 2008 was higher than the annual rate between CYs 2001 and 2005 and higher than the average rate for CYs 2001 through 2008. Across services, there are significant differences in only the Army's suicide rate over time. Specifically, the Army suicide rates for CYs 2006 and 2007 were higher than in 2001 and 2004, and the rate in CY 2008 was higher than in it was between CY 2001 and CY 2005 and higher than the average rate for CYs 2001 through 2008.

Also, indicated by the chart below the U.S. Marine Corps and the U.S. Army has the highest number of suicides. The chart doesn't reflect it but, The Marine Corps had the highest suicide rate in the military in 2009. 52 Marines killed themselves in 2009 and 154 Marines attempted suicide. The cause for that number as well as totals over the years can be attributed to what Segerant Major Carlton W. Kent said, "the unrelenting stress of

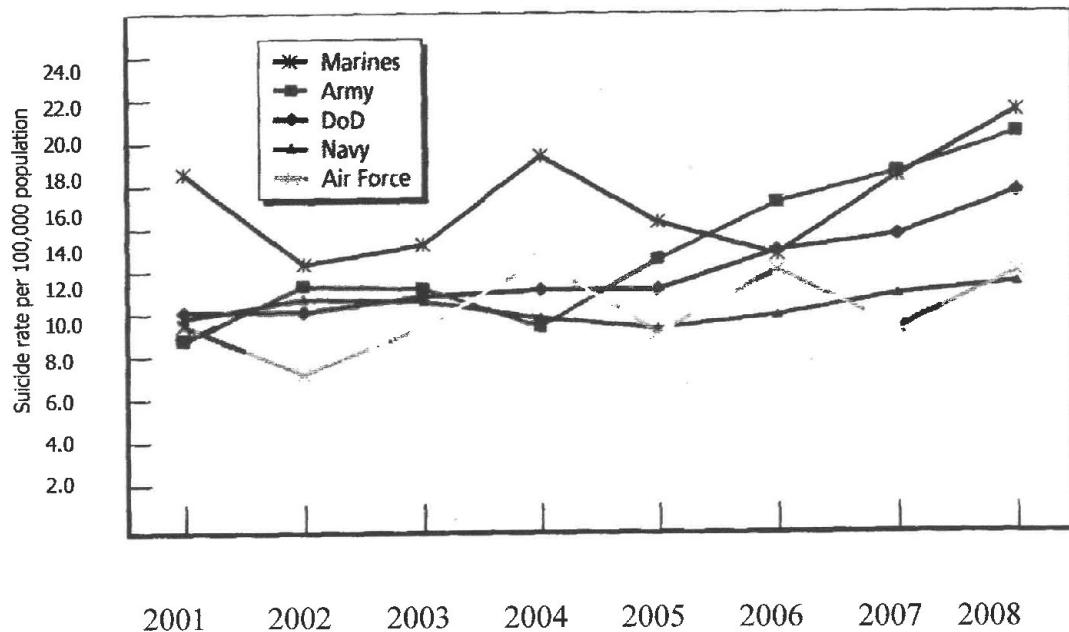
back-to-back deployments is a key factor in the rise in suicides, researchers say.

Recently, the "dwell time" has been 1:1 — for example, seven months at home, seven months deployed. Marine leaders hope the current dwell time of 2:1, or 14 months at home for each seven months deployed, will help".

The same can be said of the Army with Soldiers going on multiple deployments that can last from one year to fifteen months and it times less than one year dwell time.

*Figure 1
U.S. Department of Defense and Service Suicide Rates, 2001-2008*

SOURCE: Mortality Surveillance Division, Armed Forces Medical Examiner.
RAND MG953-5.1



The Ministry Setting

Given these factors, the ministry setting of this thesis is the war-time deployment of the Army and its effects on marriages and suicides and their connectivity. Chaplains by Title X of the *United States Code* governing the Armed Forces, and by accepted

military convention, are the spiritual leaders of soldiers. The Chaplain Corps, supervisory chaplains, and their unit chaplains must continue to carry this mantle of spiritual leadership with today's soldiers. The scope of this thesis, with regard to the American military, is the United States Army. Within the United States Army, the scope is the United States Army Chaplain Corps as the strategic institution that recruits, trains and prepares spiritual leaders of combat soldiers. The Chaplain Corps includes the chaplains themselves, as well as the institution that recruits, trains and prepares spiritual leaders of combat soldiers.

Thesis Statement

The thesis of this research is that, given the amount of suicides and their escalation in recent years, a U.S. Armed Forces chaplain must thoroughly prepare for combat deployments before he or she can best serve his or her soldiers. Thus, this thesis will include and exploration of the topic of a chaplain's preparation for combat, while simultaneously looking at how deployments have impacted suicides within the context of marriage counseling. The importance of this thesis is ultimately to be able to provide better care for the family members of the soldiers and soldiers themselves, who will deploy and who will fight the nation's global war on terrorism. Combat deployments will continue in Afghanistan, Iraq and possibly other countries in the future. Those deployments will exact their physical, mental, emotional, and spiritual toll on all who serve, including the family unit. Chaplains must prepare themselves for combat deployments, the stress on soldiers, encounters with suffering and the personal sacrifice it may lead to, as well as marital issues and for the suicides that will occur. That preparation must be lived out in garrison and on the battlefield.

Research Questions

There are three questions that will serve as the framework for this thesis. First, what does Army doctrine set as the tasks, conditions, and standards for a chaplain in combat? Second, what do recent combat operations demonstrate regarding preparation or lack of preparation? Third, with respect to Army doctrine and to what other chaplains have recently experienced and learned, how should a chaplain prepare himself or herself to accomplish spiritual leadership tasks, conditions, and standards in combat?

Assumptions

The underlying assumptions of this thesis include the following. First, combat deployments into Afghanistan, Iraq and possibly other countries will continue in the near future and chaplains will continue to deploy into combat with their soldiers. Second, unit chaplains will continue in assignments similar to current force structure configuration throughout the Army's transformation to the modular force. Third, the United States Army Chaplain Corps will remain the proponent for recruiting, assimilating, and training unit chaplains and for preparing them for combat. Fourth, the United States Army Chaplain Corps will have the resources and means to train or coordinate training for its chaplains at all levels.

The anticipated problems of this thesis are minimal. Army doctrine regarding chaplains and their role in combat is established, published, and accessible. Recent combat operations in Operation Iraqi Freedom have produced a number of transcribed interviews from chaplains involved in the conflict, as well as after-action reports which include lessons learned from the field.

Methodology

As a United States Army Chaplain deployed in combat, the author was and is honored to deploy and provide spiritual leadership to the soldiers of the Fourth Brigade Combat Team, Third Infantry Division in Operation Iraqi Freedom. In this capacity of Brigade Chaplain, the author was able to personally immerse himself in the passions and fears of men and women deployed and engaged in continuous combat operations. The author was able to view the dangers of travelling in convoys and experience the fears of flying at low altitudes, because of the unknowns. Prior to deploying the author was able to personally counsel, learn, witness the tears and assist in the struggles and fears of families of fighting soldiers.

To this end, the methodology employed for this thesis will be a qualitative phenomenological analysis of the role of the chaplain based on interaction with soldiers and families in crisis, utilizing case studies from the field and the opinions of chaplains on the efficacy of their training for suicide and marriage support in the current War on Terror military context. Phenomenological research methods are frequently used in qualitative research to gather data from the participant's perspective (Babbie and Benaquisto, 2002). Babbie and Benaquisto (2002) describes this as: an attempt to understand the meaning of events and interactions to ordinary people in particular situations, trying to gain entry into the conceptual world of (the) subjects in order to understand how and what meaning they construct around events in their daily lives.

According to Lester (1999), the use of phenomenological research efforts such as personal case studies, interviews, focus groups are seen as "particularly effective" at evidencing not only the isolated experiences but the perception of the experience, which

is considered vital for this research effort, from each of the participants' perspectives. This, Lester (1999) tells us allows for an enhancement to the traditional qualitative research effort by adding a unique level of interpretation that can still be used to inform, challenge, create or support policy and lead to action. Based on the level of inquiry required to satisfy and answer both the primary and secondary research questions, it is believed this methodological approach is appropriate. Githens (2007) explains that immersing oneself in the experiences relayed during in-depth interviews allows the researcher to experience the phenomenon studied. Such an approach provides the researcher with the ability to not only identify, but to explore and fully understand phenomenological experiences rather than relying specifically on external causes to explain research findings (Githens, 2007). Such an approach also provides a mechanism for the researcher to gain a unique perspective, insight and understanding of a situation rather than rely upon gathering statistics to infer reason (Karami, Analoui, & Rowley, 2006).

Parameters of the Project

The thesis will look at the role of a United States Army Chaplain in preparing himself or herself for combat, suicide and marital issues so that recommendations can be made for training for chaplaincy in the future. Chaplains must be prepared for a variety of emotional responses from family members. They must be able to help the spouse who is left behind to cope with feeling loneliness and separation so they can better assist their child or children. Chaplains will be confronted with many issues and give pre-deployment briefing to families and be prepared to answer an array of questions. The

project will be limited, however, in its scope to examining the preparation and response of chaplains to specific case studies, which are included in the Appendices.

CHAPTER 2: THEOLOGICAL FRAMEWORK

The Bible relates many examples of the role and actions of spiritual leaders of yesterday that Army chaplains can benefit from today. The following sections outline the theological framework for chaplaincy, as well as that for suicide.

Chaplaincy

In the Bible, spiritual leaders are generally called priests. The priestly role is generally viewed as one in mediating or the go-between God and the people, the one interceding on the behalf of the people. In Genesis 14 we can see the beginning of the examples of the role and function of priests from which spiritual leaders can learn. Following one of the first battles recorded in Scripture, the chaplain, if you will, comes to the commander, serves him practically (in this case with food and drink), blesses and encourages him and reminds the commander of God's primary role in defeating the enemy.

After Abram returned from defeating Kedorlaomer and the kings allied with him, the king of Sodom came out to meet him in the Valley of Shaveh (that is, the King's Valley). Then Melchizedek king of Salem brought out bread and wine. He was priest of God Most High, and he blessed Abram, saying, "Blessed be Abram by God Most High, Creator of heaven and earth. And blessed be God Most High, who delivered your enemies into your hand." (NIV Bible, Genesis 14:17-20)

In Numbers 31 God speaks to the role and actions of spiritual leaders following a battle. The people of Israel had concluded a successful battle against the Midianites. As the deployed combat troops return, the Bible reads, "Moses, Eleazar the priest and all the leaders of the community went to meet them [warriors] outside the camp. Then Eleazar

the priest said to the soldiers who had gone into battle, ‘This is the requirement of the law that the LORD gave Moses’” (NIV Bible, Numbers 31:21). We see after a battle the spiritual leader walks alongside his commander and meets with their soldiers. The chaplain then reminds the soldiers of their commitment and obedience to God. The priest of old and chaplain of today serve as the conscience of the commander and the unit, calling them to commitment and obedience to what is right and true according to God’s word and Army values.

An example of a soldier’s personal relationship with God being not only a source of strength, but also interwoven with the physical and spiritual dimensions of soldiering comes from Israel’s warrior-king, David. In Psalm 144, David speaks of the relationship between the spiritual and physical aspects of soldiering.

Praise be to the LORD my Rock, who trains my hands for war, my fingers for battle. He is my loving God and my fortress, my stronghold and my deliverer, my shield, in whom I take refuge, who subdues peoples under me. O Lord, what is man that you care for him, the son of man that you think of him? Man is like a breath: his days are like a fleeting shadow. Part your heavens, O LORD, and come down; touch the mountains, so that they smoke. Send forth lightning and scatter the enemies; shoot your arrows and rout them. Reach down your hand from on high; deliver me and rescue me from the mighty waters, from the hands of foreigners whose mouths are full of lies, whose right hands are deceitful. (NIV Bible, Psalm 144:1-8)

The scripture found in Psalm 18 concerns the hands and minds of a warrior being interlaced to the heart and spirit of a warrior who submits himself to God and does not shy away from the hardships of battle.

He trains my hands for battle; my arms can bend a bow of bronze. You give me your shield of victory and your right hand sustains me; you stoop down to make me great. You broaden the path beneath me, so that my ankles do not turn. I pursued my enemies and over took them: I did not turn back till they were destroyed. I crushed them so they could not rise; they fell beneath my feet. You armed me with strength for battle; you made my adversaries bow at my feet. You made my enemies turn their backs in flight, and I destroyed my foes. They cried for help, but there was no one to save them - to the LORD, but he did not answer. I beat them as fine as the dust borne on the wind; I poured them like mud in the streets. (NIV Bible, Psalms 18:34-42)

In Joshua 3, we see the employment of chaplains (priests), spiritual leaders, to support deliberate river crossing. First, the officers exercise battle command in describing the ensuing operation to the people and then directing their movement based upon the priests' location with the ark of the covenant.

Early in the morning Joshua and all the Israelites set out from Shittim and went to the Jordan (River), where they camped before crossing over. After three days the officers went throughout the camp, giving orders to the people: "When you see the ark of the covenant of the LORD your God, and the priests, who are Levites, carrying it, you are to move out from your positions and follow it. Then you will know which way to go, since you have never been this way before. But keep your

distance of about a thousand yards between you and the ark; do not go near it.”(NIV Bible, Joshua 3:1-4)

Then, the commander directs his chaplains (priests) to move on ahead of the people in this river crossing operation and stand in the river. The commander then synchronizes this action by describing to the people that the water flowing downstream will be cut off, which is the intended friendly, non-lethal effect.

Joshua said to the priests, “Take up the ark of the covenant and pass on ahead of the people.” So they took it up and went ahead of them. And the LORD said to Joshua, “Today I will begin to exalt you in the eyes of all Israel, so they may know that I am with you as I was with Moses. Tell the priests who carry the ark of the covenant: ‘When you reach the edge of the Jordan's waters, go and stand in the river.’” Joshua said to the Israelites, . . . “See, the ark of the covenant of the Lord of all the earth will go into the Jordan ahead of you. Now then, choose twelve men from the tribes of Israel, one from each tribe. And as soon as the priests who carry the ark of the LORD - the Lord of all the earth - set foot in the Jordan, its waters flowing downstream will be cut off and stand up in a heap.”

(NIV Bible, Joshua 3:6-9a, 11-13)

God then proceeds to work through his spiritual leaders to enable the river crossing to occur. This takes some physical courage on the part of the priests as they are exposed to risks and dangers from the turbulent waters and hostile enemy. However, these chaplains accept their call, role and mission in life without question and God consequently blesses the entire command and nation. Scripture then reads,

So when the people broke camp to cross the Jordan, the priests carrying the ark of the covenant went ahead of them. Now the Jordan is at flood stage all during harvest. Yet as soon as the priests who carried the ark reached the Jordan and their feet touched the water's edge, the water from upstream stopped flowing. It piled up in a heap a great distance away... "So the people crossed over opposite Jericho. The priests who carried the ark of the covenant of the LORD stood firm on dry ground in the middle of the Jordan, while all Israel passed by until the whole nation had completed the crossing on dry ground. (NIV Bible, Joshua 3:14-16b, 17)

Now the priests who carried the ark remained standing in the middle of the Jordan until everything the LORD had commanded Joshua was done by the people, just as Moses had directed Joshua. The people hurried over, and as soon as all of them had crossed, the ark of the LORD and the priests came to the other side while the people watched. (NIV Bible, Joshua 4:10-11)

There are also a number of examples in the New Testament where soldiers are pictured in a favorable light. These include: Luke 7:1-10 where Jesus speaks highly of a soldier's faith, Acts 10:1-8, 21-23, when a soldier's obedience is praised to Peter and Acts 27:1-13, 30-44, where Paul speaks nobly of a specific soldier's decision.

Therefore, we see in the Scripture the interlacing of the hands and minds of a warrior to the heart and spirit of a warrior. In a similar manner, the chaplain must see his mind, body, heart and soul as an interwoven fabric for God's good and God's glory. In this role the chaplain can begin to accept his role as a God's servant, a soldier who serves

others soldiers and so begin to prepare for combat deployment and ready to face the uncertainties of combat.

Suicide and Military Leadership

My theological understanding of suicide developed while growing up in a small country town. In churches it had been preached that if an individual committed suicide they were going to hell. There were no questions about it. It was a belief that we developed at an early age and held to. There were two main reasons given as an explanation: 1) life and death are in the hands of God, therefore people don't have the right to take their own; and, 2) if a person committed suicide, since it was a sin, the person could not repent and receive forgiveness for their sin. The only scripture the minister used to support his theological stance (which I will examine later in this paper) was when Judas Iscariot hanged himself after betraying Jesus. His reasoning was that Judas didn't receive forgiveness for his sin. Years later, I remember Bishop Louis Hunter, saying, "Isn't it strange that the Bible is silent on Judas' eternity. It doesn't say he went to hell as some claim, but it's rather strangely silent." He then raised the question, if the Bible is silent on the matter, how can we sentence him to hell? With that one statement and his preaching all of my theological foundation and beliefs about suicide had just been shaken and challenged.

The Bible relates several examples suicides of leaders that we can benefit and learn from today. In the Bible these individuals range from kings to a judge, to a follower or disciple of Christ. These leaders role will vary as well their circumstance and reason for committing suicide. Similar theories on suicide can be found in both Jewish and Muslim faiths. Suicide is forbidden by Jewish law, and ties back into the same texts from

the Old Testament, or Talmud, as noted above and below. In Islam, suicide is one of the greatest sins and completely against the goals of one's spiritual journey. A verse in the Quran instructs; "And do not kill yourselves, surely God is most Merciful to you" (4:29). The prohibition of suicide has also been associated with several authentic statements of hadith. Hadith, namely the the oral traditions relating to the words and deeds of the Islamic prophet Muhammad, are believed to be important tools for interpreting the Qur'an and determining the Muslim way of life. For example, the Hadith Bukhari 2:446 states that the Prophet said, "He who commits suicide by throttling shall keep on throttling himself in the Hell Fire (forever) and he who commits suicide by stabbing himself shall keep on stabbing himself in the Hell-Fire."

The following is taken from, The authoritative *Catechism of the Catholic Church* (paragraphs 2280-2283) and it makes the following points about suicide:

- "Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of."
- "Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God."
- "If suicide is committed with the intention of setting an example, especially to the young, it also takes on the gravity of scandal."

- "Voluntary co-operation in suicide is contrary to the moral law."
- "Grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide."
- "We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives."

The following are instances of suicides in the NIV Bible, some of which reflect the Jewish Talmud as well. In Judges 9:50-54 we can see Abimelech, the king, is involved in a case of suicide.

Next Abimelech went to Thebez and besieged it and captured it. Inside the city, however, was a strong tower, to which all the men and women-all the people of the city-fled. They locked themselves in and climbed up on the tower roof. Abimelech went to the tower and stormed it. But as he approached the entrance to the tower to set it on fire, a woman dropped an upper millstone on his head and cracked his skull. Hurriedly he called to his armor-bearer, "Draw your sword and kill me, so that they can't say, 'A woman killed him.'" So his servant ran him through, and he died (NIV Bible Judges 9:50-54).

Again, in Judges 16 we see the down fall and death of one of God's leader and judge. Samson was one of Israel judges and had accomplished some notable feats by the strength of the Almighty God. The Philistines, his enemies has captured him and are making sport or fun of him. Samson makes one last prayer request of God so he can

avenge himself of his enemies and what they have done to him. His prayer request is granted and he concludes a successful plot to destroy his enemies.

Samson said to the servant who held his hand, "Put me where I can feel the pillars that support the temple, so I may lean against them." Now the temple was crowded with men and women; all the rulers of the Philistines were there, and on the roof were about three thousand men and women watching Samson perform. Then Samson prayed to the Lord, "O Sovereign Lord, remember me. O God, please strengthen me just once more, and let me with one blow get revenge on the Philistines for my two eyes." Then Samson reached toward the two central pillars on which the temple stood. Bracing himself against them, his right hand on the one and his left hand on the other, Samson said, "Let me die with the Philistines!" Then he pushed with all of his might, and down came the temple on the rulers and all the people in it. Thus he killed many more when he died than while he lived.
(NIV Bible Judges 16: 25-30)

First Samuel 31 depicts King Saul as a man in fierce, pressurized combat. King Saul is wounded and is confronted with the stressful decision of choosing life or death. This is an excellent example of what pride, position and wounds can lead a person to do. We must remember that not all wounds are visible. King Saul does not see any way out of his dilemma. He is confronted with a stressful situation and the thoughts of his enemies possibly abusing him if he's captured alive. It is with this state of mind and in that challenging and stressful situation that he makes a decision that not only affects him but that of his armor-bearer as well. The decision of suicide most often affects more than just the individual committing the acts, but family and friends.

Now the Philistines fought against Israel; the Israelites fled before them, and many fell slain on Mount Gilboa. The Philistines pressed hard after Saul and his sons, and they killed Jonathan, Abinadab and Malki-Shua. The fighting grew fierce around Saul, and when the archers overtook him, they wounded him critically. Saul said to his armor-bearer, “Draw your sword and run me through, or these uncircumcised fellows will come and run me through and abuse me.” But his armor-bearer was terrified and would not do it; so Saul took his own sword and fell on it. When the armor-bearer saw that Saul was dead, he too fell on his sword and died with him. (NIV Bible 1 Samuel 31:1-5)

In the book of 2 Samuel we read about another suicide, when the man of God, Ahithopel saw that Absalom would not follow his advice, but rather the advice of Hushai the Arkite, namely that, “When Ahithophel saw that his advice had not been followed, he saddled his donkey and set out for his house in his hometown. He put his house in order and hanged himself” (NIV Bible 2 Samuel 17:23).

In 1 Kings 16: 15-18 we see another suicide. It appears that Zimri had also as Ahithopel plotted against the King, but Zimri murdered him. Zimri apparently thought that if he murdered the king he would succeed him. However, Omri was proclaimed the king over Israel. This proclamation left Zimri in a very bad situation, especially since Omri was a higher rank than he was. Zimri probably thought what he had done would be revealed, therefore once it's founded out he would be killed. So, the only option to him was suicide.

In the twenty-seventh year of Asa king of Judah, Zimri reigned in Tirzah seven days. The army was encamped near Gibbethon, a Philistine town. When the Israelites in the camp heard that Zimri had plotted against the king and murdered

him, they proclaimed Omri, the commander of the army, king over Israel that very day there in camp. Then Omri and all the Israelites with him withdrew from Gibbethon and laid siege to Tirzah. When Zimri saw that the city was taken, he went into the citadel of the royal palace and set the palace on fire around him. So, he died. (1 Kings 16:15-18 NIV)

In the Gospel of Matthew chapter 27 we see a disciple, a follower of Jesus Christ being confronted by feeling of guilt. Judas Iscariot is left to face his feelings of anguish, remorse and frustration as he reminisces about his betrayal of Jesus, the man who had trusted and loved him. Judas is in a state of depression as he reflects upon what has transpired. He's dealing with feelings of loneliness as he is now separated from his fellow disciples and those who followed Christ and held Him as the Messiah. In this instance, he is probably pondering on questions such as: how could I have done such a thing; how can I face my fellow disciples and the Nation of Israel after what I have done or how could I have let everyone down including myself? Judas does not see any way out of his predicament except suicide.

Early in the morning, all the chief priests and the elders of the people came to the decision to put Jesus to death. They bound him, led him away and handed him over to Pilate, the governor. When Judas, who had betrayed him, saw that Jesus was condemned, he was seized with remorse and returned the thirty silver coins to the chief priests and elders. "I have sinned," he said, "for I have betrayed innocent blood." "What is that to us?" they replied. "That's your responsibility." So Judas threw the money into the temple and left. Then he went away and hanged himself.

(NIV Bible Matthew 27:1-5)

Luke in Acts chapter 1 tells of Judas and his tragic incident:

In those days Peter stood up among the believers (a group numbering about a hundred and twenty) and said, “Brothers and sisters, the Scripture had to be fulfilled in which the Holy Spirit spoke long ago through David concerning Judas, who served as guide for those who arrested Jesus. He was one of our number and shared in our ministry.” (With the payment he received for his wickedness, Judas bought a field; there he fell headlong, his body burst open and all his intestines spilled out. (NIV Bible Acts 1:15-18)

Matthew tells us that Judas went away and “hanged” himself, whereas Luke says “he fell headlong and his body burst open and his intestines spilled out.” In harmonizing these two passages, it seems possible that Judas did hang himself and that he could have hung there so long until his body began to decay or until someone cut it down. Either way it caused him to fall headlong onto the rocks at the bottom of the valley of Hinnom, thereby, spilling out his intestines.

In summary, the chaplain reminds the soldiers of their commitment and obedience to God. The priest of old and chaplain of today serve as the conscience of the commander beginning of the examples of the role and function of priests that spiritual leaders can learn.

Those instances of suicide never mentioned where the person would spend eternity. The question that comes to my mind is, how could a judge as in Samson or a prophet as in Ahithopel commit suicide? It's the same question that confronts us today, how can a pastor, minister or a Christian in general commit suicide? According to the

Bible, suicide is not what determines whether or not a person gains entrance into heaven, but rather whether the person has accepted Jesus Christ as Lord and Savior of their life. At the same time, suicide is still a sin against God.

The question remains, however, is suicide the unpardonable sin? Augustine (398), in *Confessions*, declared a distinction between suicide and martyrdom, and argued that suicide is an act of murdering oneself, a decision in direct opposition to God's will. He also said that suicide along with adultery and apostasy, came to be seen as unredeemable. Aquinas (1274) later classified suicide as a mortal sin that cannot be forgiven. According to Aquinas in *Summa Theologica*, suicide is contrary to our religious rights: God alone should decide when a person will live or die. Augustine (398) found it significant that at no point does the Bible make it lawful to take one's life.

Many would agree with Aquinas (1274) that God and God alone should decide when a person will live or die. It also should be pointed out, however, that God and God alone determines where a person spends eternity. Therefore, it is not only a matter of life and death, but life after death that must be considered. The only sin in the Bible that is declared as unforgiveable is that of blaspheming against the Holy Spirit (Matthew 12:31-32). The Bible teaches that once a person accepts Jesus as Lord and Savior of their life then they have the assurance of eternal life (1 John 5:13) and nothing can separate a Christian from God's love (Romans 8:38-39), even one who has committed suicide.

I personally believe that suicide can be forgiveable, but is not recommended because Christ and Christ alone should make the decision when a person live or die. Plus, its impact upon family, friends and the community as a whole must be taken into consideration as well. Suicide is a selfishness act and does not take into mind the

challenges faced by the individual's family after death. However, one must remember that suicide is not the unpardonable sin. Therefore, if it is not the unpardonable sin, it can be forgiven. Whereas I value the sanctity of human life, it is my belief that God and God alone can judge concerning people who commits suicide and their eternity. Since the Bible is silent concerning their eternity; it is not the duty or responsibility of fallen man to speak in its place.

Additionally, my experience as a chaplain in the United States Army and knowing that the Army recognizes four major faith groups: Protestant, Catholic, Jewish and Muslim. Therefore, all chaplains must be keenly aware of those faith groups' beliefs, especially regarding suicide. Chaplains are the first person a commander will call upon when one of his or her soldiers has committed suicide. They are trained to handle those suicides and conduct a memorial or ceremony for the soldier regardless of their religious faith background. They are looked upon by their commander to be there for the soldiers and the command group, whether physically with sustenance, or emotionally with prayers and words of encouragement from God's word. It is during these crises they look and ask "Chaplain is there a word from the Lord?" These spiritual leaders must continue to theologically integrate combat deployment and operations into that sense of God's call on their life for this ministry. They must have a firm theological foundation otherwise they will fail the command, the soldiers and ultimately themselves. During those challenging times the questions will be asked of the chaplain and ministers, why did God allow this to happen? Where was God? Why didn't God protect my friend from this? How could this happen?

Chaplains are often looked upon by their commander to be there for them as needed, physically with sustenance or emotionally with prayers and words of encouragement from God's Word. These spiritual leaders personally walk alongside their commanders and soldiers. They serve as a reminder to the commanders and soldiers of their commitment and obedience to God, serving as the conscience of the commander and the unit. These spiritual leaders exhort their commanders and soldiers to be strong and courageous in combat, for God is with them, fighting with them and for them to give them victory.

These spiritual leaders are also present during the time of a failed marriage. According to Hefling (2011),

About 220,000 women have served in Afghanistan and Iraq in roles ranging from helicopter pilots to police officers. Last year, 7.8 percent of women in the military got a divorce, compared with 3 percent of military men, according to Pentagon statistics. Among the military's enlisted corps, meaning they aren't commissioned officers, nearly 9 percent of women saw their marriages end, compared with a little more than 3 percent of the men. (para. 1)

Also, according to Bushatz (2010), "since the start of Operation Enduring Freedom, the divorce rate has increased from 2.6 percent in 2001 to 3.6 percent in 2009. According to DoD the rated remained at 3.6 in 2010" (para. 1).

Chaplains are often sort out to provide counseling to in marital turmoil and confusion. The questions are often asked, "how could this have happened and how can I forgive my spouse?" Even in those difficult and challenging times the chaplain must remember the scriptures,

...submit to one another out of reverence for Christ. Wives, submit to your husbands as to the Lord. For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the Savior. Now as the church submits to Christ, so also wives should submit to their husbands in everything. Husbands, love your wives, just as Christ loved the church and gave himself up for her to make her holy, cleansing her by the washing with water through the word, and to present her to himself as a radiant church, without stain or wrinkle or any other blemish, but holy and blameless. In the same way, husbands ought to love their wives as their own bodies. He who loves his wife loves himself. After all, no one ever hated his own body, but he feeds and cares for it, just as Christ does the church- for we are members of his body. For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh." This is a profound mystery- but I am talking about Christ and the church. However, each one of you also must love his wife as he loves himself, and the wife must respect her husband. (NIV Bible Ephesians 5:21-33)

Here we have the man portrayed as not only the head of the household, but one who must love his wife as Christ loves the church. It is relationship of mutual respect and affection between and the man and his wife. One of the object lessons that can be deducted when God took a rib from man side and made a woman; is that, God didn't take the rib from the foot for man to trample on the woman. He didn't take it from the back, for her to walk behing the man. He didn't take it from the head for him to "rule" over. But, he took it from the side, under the arm for man to hold and protect. He took it from the side, close by the heart for man to love and cherish. He took it from the side ensuring

that no matter what they were confronted with, they could face it together.

Couples are counseled in learning how to forgive each other especially, the offended. This is a process that will take time and a lot of healing. During this process, they're reminded and asked to remember, why, they choose each other to marry rather than anyone else? They're asked to remember their vows of love, respect and honor to each other in the good and bad times. Marriage is one of the most sacred institution we have and it was created by God. Therefore, it is to be respected, honored and enjoyed. Couples are reminded that marriage takes hard work and they should not base their marriage, good or bad upon someone else's marriage, but rather use the example of how Christ loved the church as their model (Ephesians 5:21-33) as their model.

Chaplains have a variety of resources and books at their disposal to assist them during these sessions. Chaplains are aware of the toll deployment has upon marriages and must be ready to answer the commander when they ask the question, "Is my soldier fit/ready for deployment?" In other words will the marriage sustain the deployment. Will it be intact when we re-deployed?

Finally, these spiritual leaders seek to provide commanders and soldiers with wise and expert counseling during some those tough and difficult struggles that they will confront. These struggles can take on many forms and come from a variety of situations. However, he must be there to give hope when all hope seems gone and there's nothing to live for and the soldiers can see no way out of his dilemmas, but suicide. This calls for chaplains who have prepared himself and have accepted his call to this ministry, a ministry to bring God to Soldiers and Soldiers to God.

CHAPTER 3: LITERATURE REVIEW

Introduction

War is uncommon and unnatural, a peaceful day can turn into chaos in a moment of time. Soldiers have often made the statements, “It just another day.” “It was just another convoy or patrol.” Chaplains themselves have personally been attacked and severely wounded in combat. One chaplain was shot in the shoulder while out on a convoy; as he lay wounded on the ground, his assistant shielded him from the enemy’s fire by lying on top of him, thereby exposing his body and placing himself in danger of being wounded. This type of challenge is difficult not only for trained soldiers but for chaplains themselves. How do chaplains prepare themselves for the hardships, risks, and dangers of war? Deploying from six to fifteen months of combat deployment can be traumatic enough for marriages and children, let alone leaving the relative comforts of home.

This literature review begins with an analysis of the insight on the psychological context of war. The rationale for this assessment is that the stress on soldiers, encounters with suffering and the personal sacrifice, as well as marital issues and suicides, are all connected with psychological trauma. Not only will the soldiers to which the chaplain is tending be affected by psychological trauma, but chaplains themselves will also need to face psychological trauma as well. The review continues with an examination of the expectations of a chaplain within a combat environment. The review will also take into consideration best practices for chaplains based in the field as explored within scholarly research.

The Psychological Context of War

The most common form of psychological injury in a combat setting is trauma and its associated stress. Trauma can be categorized as exposure to a physical or psychological threat or assault to a person's physical integrity, sense of self, safety or survival or to the physical safety of another significant individual in a person's life (APA DSM IV-TR, 2000). The result of trauma, which can be categorized as a singular or ongoing experience (DePrince & Freyd, 2002), is likely to be associated with what is known as posttraumatic stress disorder (PTSD) (Scurfield, 1985). This is characterized by arousal in patients after experiencing singular or repeated traumas such as those experienced in war (Scurfield, 2006), and is linked to Freud's (1953) psychoanalytic theory which suggests that dysfunction or trauma can be connected with the onset of dissociation.

Following exposure to combat, individuals may re-experience the event(s), hallucinate, avoid situations or stimulus relating to the trauma (Schnurr, Friedman, Engel, Foa, Shea et al., 2007), experience signs of depression and anxiety (Scurfield, 1985), and as a result, find themselves socially and or psychologically impaired (DePrince & Freyd, 2002). In situations of chronic trauma over a long combat deployment, the physical or geographical environment where the trauma occurs most always contains the implicit risk of danger, even in absence of the actual trauma (Foa, Keane & Friedman, 2000). This means that soldiers on a second or third term of duty will likely be more profoundly affected by trauma or stress. It is important to recognize that the signs and symptoms of PTSD can mimic various neuropsychiatric disorders as well, including anger and aggression, dissociative disorders, and major depression (Frueh, Grubaugh, Cusack,

Kimble, Elhai et al., 2009; Laufer, Brett & Gallops, 1985).

Physical reactions to PTSD after exposure to combat are not uncommon, and costs for both treatment of post-traumatic stress disorder and delayed productivity of the soldier can be great for sufferers, administrators and agencies providing medical care (DePrince & Freyd, 2002). According to the DSM-IV-TR, after initially being witness to trauma, individuals will present with fear or disorganized behavior, followed by three types of symptom clusters for at least one month (De Bellis, Hooper, Woolley & Shenk, 2010). These clusters will include: (a) the intrusive re-experiencing of the trauma or traumas; (b) persistent avoidance of stimuli associated with the trauma or traumas including numbing of responsiveness; and (c) persistent symptoms of increased physiological arousal (De Bellis et al., 2010, p. 570). In order for a patient to be identified as meeting the diagnostic criteria for PTSD, the above-mentioned signs and symptoms must be present for more than one month following the traumatic event, and cause clinically significant disturbance in functioning (APA, 2000).

A person is considered to have Acute Stress Disorder when these criteria are met during the month following a traumatic event such as a combat-based disaster, and PTSD is further characterized as ‘acute’ when present for less than three months, ‘chronic’ for more than three months, or ‘delayed onset’ when initial symptoms develop approximately six months or more after the trauma (APA, 2000). What this means is that soldiers who experience trauma may or may not be identified as PTSD sufferers on a medical basis, which complicates the counseling process.

Intergenerational and spousal transmission of interpersonal violence such as physical assault or exposure to domestic violence exposure is very likely for PTSD

sufferers (Dixon, Browne, & Hamilton-Giachritsis, 2005), which has an effect on marriages and marriage counseling. As well, with respect to the onset of PTSD, Schechter et al. (2007) note that parents' experience of social violence and severity of their own violence-related PTSD symptoms robustly predicted specific PTSD challenges among their children, including: (a) dysregulated aggression; (b) attentional bias to danger and distress; and (c) avoidance of and withdrawal from conflicts (p. 187). This means that addressing PTSD can necessitate treatment and counseling of the whole family rather than the soldier himself or herself.

In addition, loss of sleep and chronic sleep deprivation can produce direct effects on the prefrontal cortex function so that cognitive performance as well as the speed with which responses are made in relation to minor psychomotor tasks are affected (Wesensten and Belenky, 2005). As well, sleep deprivation results in problems with complex cognitive processes such as being able to judge, anticipate, form and implement a plan of action all of which are affected along with being capable of maintaining situational awareness and carry out critical reasoning (Wesensten and Belenky, 2005).

As a consequence, the most serious and fatal errors can be made. Mission-critical needs therefore also include the ability of the military team to allow soldiers to access uninterrupted sleep as often as possible. Although neither of these needs seem attainable in a combat situation, it is possible to formulate a plan to mitigate the effects of psychological stress utilizing a self-managed team approach to leadership, as detailed by Barry (1991) and Steckler and Fondas (1999). Asymmetry in and lack of resources actually gives the group an ability to derive self-led support from internal sources.

Dean Bonura, wrote about PTSD from a spiritual perspective. His dissertation, "A

Biblical Approach to the Problem of PTSD. Dean asserts that by taking a spiritual or Christian approach to PTSD the person or persons can gain hope. Also, that if scriptures are aptly applied the person can work through the problem of PTSD. He realizes that not everyone will be able to do so and some will need medication or more professional assistance. Dean has done extensive research on the topic and has taught this approach at the United States Army Chaplain Center and School on more than one occasion as well as to other military bases.

There are only a few elements in a military situation that cannot be changed. Elements such as frequent missile alerts, heavy artillery fire, and potential attacks cannot be altered. At the same time, research demonstrates that the effects such as fatigue and memory problems can be modified. Soldiers who experience cognitive problems have higher levels of emotional distress than the soldiers who do not have neuro-cognitive issues (Axelrod, 2006). Cognitive impairments result from the psychological symptoms which develop. These issues can be addressed through an action plan that is aimed at the underlying factors. According to Wesensten and Belenky (2005), there are six essential components that must be incorporated into an action plan. The two most crucial elements are collaborative situational understanding or perspective on the operation. However, these components will not be effective unless necessary resources, such as training on the recognition of inciting events and symptoms, are provided. Also, it is essential to understand the contributing or intermediate factors such as sleep deprivation. If operational capacities can be predicted, then stress levels and cognitive performance can also be predicted (Wesensten and Belenky, 2005).

Because of its great effect on those suffering from the disorder and the

unlikelihood of resolution without interference, effective, timely treatment of trauma due to combat is requisite, and this can be carried out in combination with chaplaincy (Scurfield, 1985). Cognitive behavioral treatments are becoming increasingly recognized as the preferred method for treating PTSD related to war-related trauma (Laufer et al., 1985). Individual treatment and group therapy have both been demonstrated to be effective (Foa et al., 2000) in treating symptoms of PTSD.

However, group therapy tends to target general, overall beliefs and attitudes towards this disorder, whereas individual treatment can target individual behavioral interactions and discover specific distorted thought processes. Other treatments which should be combined with counseling, and have proven to be effective include Eye Movement Desensitization and Reprocessing (EMDR). Both CBT and EMDR treatments have been shown to produce significant lowering of stress symptoms in clinical settings for individuals with PTSD, with EMDR doing slightly better in some instances (De Roos, Greenwald, de Jongh & Noorthoorn, 2004). Few randomized controlled trials have been conducted on the use of psychopharmacological agents only following traumatic exposure to war, and as a result, more studies are needed to determine whether or not these might be effective over the long run (De Roos et al., 2004). Additional methods, such as narrative therapy, massage and art based therapies have also been proposed and explored in small studies, but have not been borne out in longer-term studies under strict randomized trial scrutiny (van der Kolk, 1996).

Expectations of a Chaplain within a Combat Environment

Success in the eyes of the common soldier is measured by the chaplain's ability to relate to the soldier and minister to his or her needs. Soldiers hold chaplains in high

esteem for simply sharing the common hardships that all soldiers face, which involves living next to the soldiers in camp, eating the same bad food, marching the same long distances, giving their horses to those soldiers who needed assistance and maintaining a battlefield presence to minister to the soldiers who were wounded or dying (Bineham, 2003, p. 38). As a result, chaplains must be able to execute three core competencies both in peace and war (Bineham, 2003). In this way, it is also critical that chaplains are prepared for deployment and combat. The execution of these core competencies, namely to nurture the living, to care for the wounded, and to honor the dead, is essential and leaves no margin for error or being unprepared.

The roles, responsibilities, and duties of an Army Chaplain are formally established and published in the prevailing Army doctrine. The United States Army builds the foundation and framework for a chaplain's preparation for combat within its doctrinal field manuals. These manuals describe the doctrinal ends a chaplain seeks to achieve through religious and operational support and the reason for these ends, as detailed below.

FM 1-05, Religious Support

FM 1-05, Religious Support, discusses the three main core competencies that chaplains must prepare to accomplish in combat. These three core competencies tasks are expected of all chaplains in peace and war, but to perform these tasks on the battlefield requires a chaplain's preparation for combat and its associated psychological impact on soldiers. The first core competency is to nurture the living. This competency set the conditions for God to work within the lives of the soldiers, families and military units. The purpose is to build up the soldier, family, and or unit's spiritual, physical, mental,

and emotional strength prior to and during a combat deployment. Nurturing the living includes but is not limited to: worship services; bible studies; individual and group counseling; visitations, which are often called ministry of presence; administering religious rites, sacraments, and prayers; and unit programs.

The second core competency is to care for the wounded, sometimes specified as care for the dying. This means spiritually caring for soldiers who have been physically and/or emotionally injured or wounded or those who may be dying. The purpose is to provide comfort, courage, strength and hope in the spiritual and emotional realms, in order to foster healing in the physical and emotional realms. The chaplain provides counsel and administers religious prayers, rites, readings, and sacraments. This would include ministering to soldiers who are emotionally grieving or hurting and those showing signs of combat trauma, battle stress or fatigue. Care for the wounded also involves critical event debriefings, which are sometimes called critical incident stress debriefings. These seek to validate and bring normalcy to a soldier's reaction to an abnormal or traumatic incident, situation, or event.

The third core competency is to honor the dead, which is the rendering of proper tribute to the service and sacrifice of those who have died or have been killed in action. The purpose of this role is to provide the opportunity for closure to and for those familiar with the deceased. It provides and promotes comfort, strength and hope for those who remain and must often continue the mission in similar conditions of hardships, risks, and dangers of the one deceased. To honor the dead involves memorial ceremonies and memorial services. The differences between the two memorials focus on the role of specific religious elements in the event. The memorial ceremony involves less extensive

and specific denominational elements than the memorial service. It can also be made mandatory for soldiers to attend, whereas a memorial services can not be made mandatory.

FM 3-0, Operations

The Army's premier war fighting manual, FM 3-0, Operations, discusses ways in which a chaplain is to conduct the three core competencies noted above, and describes the conditions and standards as measures of effectiveness. To conduct the three core competencies, a chaplain must “[p]rovide and perform religious support operations for the commander to protect the soldiers', family members', and authorized civilians' free exercise of religion” (FM 3-0 2001, 12-5).

A chaplain is also to personally perform or personally provide religious support. However, when this is not possible due to specific religious conflicts, matters of conscience, or mission requirements, a chaplain can provide religious support through other means. Alternatives can include coordination with chaplains of similar or different faith groups, lay ministers, civilian contractors, or other resources.

Second, this doctrine states the measures of effectiveness for a chaplain to conduct his or her duties. “This includes the personal delivery of rites, sacraments, ordinances, spiritual care, religious counseling, spiritual fitness training and assessment, religious worship services, and advice to the command on matters of religion, morals, morale, and coordination with nongovernmental organizations (NGOs) and private voluntary organizations as appropriate and other forms of religious support” (FM 3-0 2001, 12-5). A chaplain's chief effectiveness, therefore, must enable and sustain his or her personal, physical delivery and performance of visitations, counseling and worship

services, as well as religious rites, sacraments, ordinances, and spiritual care in all manners of garrison- and combat-related conditions. These conditions include, but are not limited to: predeployment, deployment, initial preparations, combat operations, and postcombat, sustainment, redeployment, and reintegration operations (FM 3-0 2001). The chaplain must personally understand and physically share the hardships, risks, and dangers of the different phases of combat operations to best personally and physically perform and deliver his religious support to serve his soldiers, families, and units (FM 3-0 2001).

FM 4-0, Combat Service Support

The Army's Combat Service Support manual, FM 4-0, adds clarity to the purpose of a chaplain's preparation for combat with regard to the three core competencies. First, regarding nurturing the living, the doctrine reads, "In preparation for missions that span the full spectrum of operations, unit ministry teams (UMTs) develop and provide religious support activities to strengthen and sustain the spiritual resilience of soldiers and family members" (FM 4-0 2003, 13-2). As chaplains prepare themselves for combat, they do so to strengthen and sustain the spiritual welfare of soldiers and family members. By creating a solid personal foundation, a chaplain is able to nurture the living.

Second, this doctrine discusses the intangible aspects of caring for the wounded, especially the wounded who are dying. It reads, "During the battle UMTs bring hope and strength to those who have been wounded and traumatized in body, mind, and spirit assisting the healing process. UMTs provide religious support, spiritual care, comfort, and hope to the wounded/dying. This focus of religious support affirms the sanctity of life, which is at the heart of the chaplaincy. Through prayer and presence the UMT

provides the soldier with courage and comfort in the face of death” (FM 4-0 2003, 13-2 and 13-3).

A chaplain seeks to bring hope, comfort and strength to soldiers and families, especially those who have been injured or wounded by personally providing religious support to affirm the sanctity of life. Through a chaplain’s personal presence, physical prayers and involvement among the wounded, he or she can affirm life and promote courage and comfort when a soldier’s life is threatened or hangs in the balance.

Third, this doctrine discusses the reverent aspects of honoring the dead. It reads, “Our nation reveres those who have died in military service. Religious support honors the dead. Funerals, memorial services, and ceremonies reflect the emphasis the American people place on the worth and value of the individual. Chaplains conduct these services and ceremonies fulfilling a vital role in rendering tribute to America’s sons and daughters who paid the ultimate price for their nation” (FM 4-0 2003, 13-4). Whether in the nation’s military cemeteries or the battlefields on which soldiers have fallen, a chaplain must personally conduct memorial services, ceremonies and funerals to honor the dead, and honor their service and sacrifice as well. In this way a chaplain can serve to reinforce the sanctity of life and affirm the value and dignity God has placed on each human being.

FM 16-1, Religious Support

A previous manual, FM 16-1, Religious Support, suggests the means by which a chaplain can actually prepare for combat. This preparation is twofold. First, a chaplain’s preparation for combat is physical. The doctrine reads, “The chaplain and chaplain assistant prepare themselves for combat like the other soldiers of the unit. This preparation must be both physical and spiritual” (FM 16-1 1995, 3-1). A chaplain’s

physical preparation must produce bodily and mental competency. It is produced by engaging in tough training on soldier matters like the other soldiers in the unit. The chaplain must personally train and prepare in soldier tasks to survive physically on the battlefield in order to perform and provide ministry to soldiers.

Second, preparation is spiritual. Doctrine reiterates this concept and reads, “The press of time and mission requirements may tempt the (unit ministry) team to omit the spiritual preparation of prayer and devotion. The chaplain and chaplain assistant prepare themselves both physical and spiritually for combat” (FM 16-1 1995, 3-1). A chaplain must never forget the spiritual aspects of his or her preparation. Despite the chaplain’s unit mission requirements, a chaplain’s spiritual mission remains focused on the personal, physical performance and delivery of religious services and support. A chaplain must build up and maintain his or her own spiritual reserves so that he or she will have the spiritual strength to perform or provide ministry when the critical time comes during prolonged combat deployment.

Best Practices for Chaplains

Outside of the military code and chaplaincy doctrine, there are other best practices recommended by the literature for leadership in chaplaincy within a military combat environment. These are specifically related to providing counsel to those soldiers affected by PTSD and other trauma- and stress-related challenges. It is clear that military personnel will always be under constant potential attack, and will witness the injury and death of close friends and civilians. Although some soldiers will be able to retain their situational awareness, mental agility, adaptability, good judgment and initiative, the physical and cognitive effects of the stress can crop up at a later time, even on the field.

Mission-critical needs can therefore include a method of responding on a spiritual level to exposure to these psychological traumas when they happen. For chaplains, this can include the utilization of distributed leadership techniques such as developing cohesiveness and establishing effective communication patterns, as detailed by Barry (1991), so that those under extreme stress can be isolated and assisted quickly.

Leadership is a core component of a situational action plan in order for a chaplain to nurture the living. Stress and factors related to soldiers' spiritual capability need to be measured before soldiers are ever sent on a mission (Wesensten and Belenky, 2005). The short-term goals in the plan involve preventing and controlling intermediate conditions that contribute to post-traumatic stress and an associated negative spiritual response. Other short-term goals are to foster spiritual alertness alongside of maximum physical and cognitive functioning during operations. Long-range goals should also include prevention of stress as well and PTSD where emotional distress is combined with serious cognitive issues (Axelrod, 2006).

Despite the likely knowledge of these challenges and how they affect the functioning of the military team, not every chaplain is equipped with the skills and tools they need to make these efforts, or make them in an effective way. The reality is that there is a shortage of the type of human resources that the military needs to be able to mitigate the challenges caused by psychological stress and PTSD, of which a chaplain will bear the brunt. In terms of spiritual relations, the overarching goal is to assist soldiers under stress as well as those around them to both adapt and gain physical and psychological treatment. Young (2001) notes that understanding both one's own limitations and one's abilities can help to develop one's leadership position in the group

and adapt under situations that require change. A chaplain's role therefore does not only consist of mitigating a spiritual situation, but also coaching, supporting and delegating.

The role of spiritual support can therefore be extended to and filled by many different individuals outside of the chaplain himself or herself. Young (2001) writes that "leadership style may change as the situation changes, even though the personality preferences of those being led may not change" (p. 49). This means that individual soldiers may benefit from understanding their own personality and behavioral types so that they can switch into another mode of responsiveness if personnel are removed due to stress. Steckler and Fondas (1999) note that, in general, leadership should be determined by the skills and processes that a person participates in on the job rather than by a single individual; this thought can be extended to examining how emotional support systems can be developed among soldiers themselves. This means that people with certain behavioral skills should be singled out to assist in different situations when a chaplain is not available. As Steckler and Fondas (1999) write, these can include an "ability to manage the processes of goal-setting, communication, interpersonal influence, negotiation, agenda-setting, group facilitation, and conflict resolution" (p. 23). This means that the military should not only place a high value on giving and responding to directives, but on supporting, communicating and facilitating, so that a chaplain's role extends to engaging the whole soldiering community in a combat environment.

Transformational leadership is that which aims to bring about normative shifts towards sharing responsibility (Stewart, 2006). The method by which this occurs is through the integration of inspiration and the solicitation of new ideas from the broader organizational community so that mutual support systems can be built by chaplains.

Research in this area has shown a high positive correlation between tendencies towards transformational leadership and unit-level performance and response, but not necessarily a connection with innovation (Weiner, 2003). Central to the concept of transformation is the transfer or sharing of power between leader and follower. As Stewart (2006) posits, when power continues to reside in the so-called leader, their role becomes that of manager; only when power is shared, does the concept of leadership become transformational. Weiner (2003) agrees, and notes that transformational leadership is an exercise of power and authority, but that exploring this sense of power can deliver questions: of justice, of democracy, and of the dialectic between individual accountability and social responsibility.

Wong et al. (2003) states that although the concept of transformational leadership originated in the business world, it is being utilized successfully in the military world as well. Looking at research in the Israeli armed forces, they note that “direct subordinates of leaders who were provided transformational leadership skills were operating at more of their full potential (i.e., were more developed) than were direct subordinates of leaders provided regular training” (Wong et al., 2003, p. 682). What this means is that, from a chaplaincy preparation perspective, much can be gained from the development of transformational leadership skills. Deploying these skills within a combat environment can help to address some of the deficiencies experienced by soldiers, and help to offset the intensity of the burden of serving a large unit.

Since the transfer or sharing of power between leader and follower is key to transformational leadership. Jesus would be the best example of a transformational leader. This is demonstrated in several passages of scriptures:

- I have given you authority to trample on snakes and scorpions and to overcome all the power of the enemy; nothing will harm you (Luke 10:19 NIV).
- The seventy-two returned with joy and said, “Lord, even the demons submit to us in your name.”
- He said to them, “Go into all the world and preach the gospel to all creation. Whoever believes and is baptized will be saved, but whoever does not believe will be condemned. And these signs will accompany those who believe: In my name they will drive out demons; they will speak in new tongues (Mark 16:15-17 NIV).
- I am going to send you what my Father has promised; but stay in the city until you have been clothed with power from on high (Luke 24:49 NIV).

In each one of those scriptures Jesus is sharing his power with his disciples. He's giving them power over sickness, demons and other forms of infirmities. He has given us the authority to preach, to baptize and some believe to heal and do miracles in his name. In the same manner in which he himself has done as well as his disciples.

Summary

A chaplain's preparation for combat must include physical, psychological and spiritual elements. A chaplain must conduct preparation for combat in a balanced manner, proficient in the physical soldier skills and sustained in and by the spiritual disciplines, but must also be able to have a clear understanding of how psychological challenges can have an effect on the choices a soldier makes in a combat environment which can lead to marital and family problems and suicide. In summary, a chaplain has three core

competencies. First, to nurture the living is to strengthen and sustain spiritual resilience. Second, to care for the wounded is to bring hope, comfort and strength to those physically and emotionally traumatized. Third, to honor the dead is to pay tribute to the service and sacrifice of the dead, and bring closure to those still living. The overall purpose of these competencies is to affirm life, provide hope and strength, and promote courage in combat or in the face of death. As well, a chaplain can benefit from being able to lead in a transformative way, so that spiritual development and support is channeled through all members of the unit in which he or she is serving.

CHAPTER 4: PROJECT DESIGN

Introduction

As noted above, this research serves to examine three primary questions. First, what does Army doctrine set as the tasks, conditions, and standards for a chaplain in combat? Second, what do recent combat operations demonstrate regarding preparation or lack of preparation? Third, with respect to Army doctrine and to what other chaplains have recently experienced and learned, how should a chaplain prepare himself or herself to accomplish spiritual leadership tasks, conditions, and standards in combat? In order to answer these questions, this project uses a qualitative phenomenological analysis of the role of the chaplain based on interaction with soldiers and families in crisis, utilizing case studies from the field and the opinions of chaplains on the efficacy of their training for suicide and marriage support in the current War on Terror military context.

Research Method and Design

A qualitative phenomenological analysis lends itself to the specific nature of the experiential framework of chaplaincy. Any research into the ways in which chaplains can assist soldiers in the midst of a combat operation has to consider not only the experiences of soldiers, but also consider the specifics of the call of a chaplain, which is the integration of a calling to be a soldier and a calling to serve other soldiers as a spiritual leader. Sogunro (2002) notes that not only must research questions be answerable based on the research method adopted for a specific research effort, but the methodology should be chosen based on what approach or protocol will provide the most useful sets of data from which to obtain useable knowledge to apply to real-world settings in a practical manner. This means that in order to consider the integration of the spiritual and the

secular in the being and fabric of a chaplain as he prepares for combat, not only the results of chaplaincy but the process itself needs to be taken into consideration.

Phenomenological research methods are frequently used in qualitative research to gather data from the participant's perspective (Babbie and Benavistio, 2002). At the same time, Githens (2007) explains that immersing oneself in the experiences relayed during in-depth interviews or analysis of a situation can allow the researcher to experience the phenomenon studied. This approach to the research will allow for a better integration of my own experiences as a chaplain with those of my interviewees in order to develop a deeper analysis into attempted suicide's potential and likely causes, actions and reactions among soldiers and their spouses, and what support chaplains are able to provide in a combat context. The author believes that in taking this type of approach, a unique perspective, insight and understanding of the situation as recommended in the literature on phenomenological analysis (Karami, Analoui & Rowley, 2006) will be gained.

Since the nature of this study is to elicit individuals' thoughts, feelings and experiences, the most appropriate method is therefore that of phenomenology. According to Lester (1999), the use of phenomenological research efforts such as personal case studies, interviews, focus groups are seen as "particularly effective" at evidencing not only the isolated experiences but the perception of the experience, which is considered vital for this research effort, from each of the participants' perspectives. In addition, Smith and Osborn (2009) describe the phenomenological approach as deeply resonant, in that it allows researchers and participants to work together to derive meaning out of their conversations. This framework means that the phenomenological approach can allow the

research to produce insights into a situation from a unique perspective as opposed to relying upon quantitative data to infer reason. Merriam (1998) notes that, in this way, the researcher is exposed to a “rich and holistic account of the phenomenon” (p. 41) by connecting on a deep psychological level with the participants in the study. The result is research that offers to the academic and practicing chaplaincy communities a more meaningful account of the average participant’s experiences. In this kind of study, Smith and Osborn (2009) conclude that the interview process is wide-ranged and is capable of detecting many aspects of experience that may prove to be important variables and subsequently used for quantitative studies in the future. As the purpose of this study is, in part, to begin to raise awareness of the inherent issues in serving in combat over a long period of time which have an effect on the soldiers themselves, their families at home, and the process of ministering to those soldiers as well.

Research Participants and Data Collection

The primary sources for this research are qualitative interviews with actual chaplains immediately following major combat operations in support of Operation Iraqi Freedom. These sources include interviews with battalion, brigade, division, and corps-level chaplains, but will focus in on a specific interview with a battalion chaplain for deeper phenomenological analysis. Interviews include a phenomenological evaluation of assessment reports collected from the field. These include actual suicide cases. Phenomenological data collection between the author and the participants will seek out commonalities with each suicide, trends, methods and months which have a higher suicide rate.

Secondary sources of documented data include after-action reviews and lessons learned from specific units as well as unit ministry teams. The author will use data from his own Operational Assessment Report and as well as those reports from several other Brigades. These reports will reflect several Brigades' actual counseling cases involving: Family; Marriage; Suicide; Stress Workplace/Morale; and, Spiritual Counseling. The monthly chart is a collection of data from the various battalions to the Brigade which depicts the degree of counseling and seeks to inform the chaplain of the Battalion areas of concerns. This data will reflect the rise and fall of counseling per month and which areas of concerns the chaplains and his command should focus upon. It demonstrates to the Brigade Commander the pulse of his Brigade, its spiritual welfare, morale and areas of concerns. These objectives of reviewing these sources are to reveal successes and challenges, accomplishments and frustrations among chaplains in combat. When these two sources are united they begin to reveal the ways a chaplain should pursue in preparation for combat.

In addition, the global war on terrorism has produced a plethora of interviews, after action reviews and lessons learned. In our high-tech and information age, this type of information on ways to prepare for combat is in abundance in both primary and secondary sources. As noted above, research for this study will need to isolate the tasks, conditions, and standards for a chaplain in combat and recent exemplars from combat operations in order to set the stage for discussions with participants. While much of this was addressed in the literature review, additional document analysis will inform the data analysis, and will therefore be included in the process of data collection when necessary.

Data Analysis

Qualitative phenomenological data analysis involves reading, tabulating, classifying, and interpreting the participants' responses through coding and memoing. Coding is the way in which researchers classify phenomena to identify recurring ideas or themes called code-concepts (Creswell, 2009). These code-concepts are used to qualify the data in detail, which can be further broken down into categories, instances of which can be simply added up to trace patterns and references in conversation. The more instances of a single code-concept, the more likely that that piece of information is important to participants. Memoing, on the other hand, is the process of using notes and commentaries regarding these patterns in order to collect the researcher's thoughts about the data as it is collected or reviewed. Researchers can collate the data that is found in their memos so that they can provide insight into ideas, relationships and connections in the research (Creswell, 2009). The study will apply as broad of an analysis technique as possible in order to understand the respondents' experiences in their social environmental context, and match those with the author's own experiences in the field.

Assumptions and Limitations in Method

Assumptions and limitations include:

- Self-reporting of individuals, including the author's own experiential reports, may be skewed. Self-reporting can be personally and culturally biased because it is purely opinion; and/or self-reporting can be self-restricting due to embarrassment or confusion about poor experiences based on personal characteristics, rather than societal ones linked to endemic issues in the field of combat.

- All of the interviews are conducted by the author in his assignments in the field, therefore participants are solely contained in one specific geographic region.
- This study has been conducted over a short period of time. A study that can be conducted over a much longer period of time may result in data that is more accurate and reliable.
- There is an underlying researcher bias in any study that involves ideological assessment. Because the researcher has an opinion not only on causalities and responses, but also on whether or not religious, sociocultural and linguistic challenges directly affect the experiences of soldiers and their officers and chaplains, these opinions can color the outcome of the qualitative analysis. The researcher must take great care in not interpreting information through the lens of the researcher's own beliefs and personal ideological assessments.

Summary

The purpose of this study is to conduct research into the tasks, conditions, and standards for a chaplain in combat, their links to spiritual leadership, and the impact of this psychosocial and spiritual context for soldiers who are facing heavy levels of stress in combat, which is connected to their seeking an outlet for stress in suicide. The study will consider, through a qualitative phenomenological analysis, the experiences of soldiers, their families, and army chaplains in mitigating these issues. The primary form of research will be qualitative interviews, which will be complemented by document and records analysis, as interpreted by the author and his fellow chaplains. The study will take into consideration the author's own experiences as an army chaplain. Data analysis will synthesize and draw conclusions from the information collected as a whole.

The data will mention various suicidal behavior which includes the following:

- Completed suicide
- Suicide attempt (non-fatal self-injury where the individual's intent was to die). An example of this maybe someone who shot themselves in the head, but did not die. Another could be if someone tried to hang themselves, but some came and rescued them before it could be completed or if someone took an overdose of pills, but was founded and rush to the hospital and their life was spared.
- Suicidal gesture (risking of death without the intent to die). An example of this could be someone with cuts on their risk.
- Suicidal ideation (having thoughts of, or fascination with death). An example is someone always talking about death.

Chaplains must know the various suicidal behaviors, the difference between them and be prepare to brief his commander and soldiers during his presentation on Suicide Prevention Training.

The main reasons why Soldiers commit suicide are because of psychological pain. Suicide is usually the result of intense negative emotions. Suicidal death is often considered as an escape from psychological pain. Psychological pain is the hurt or ache that affects a person's mind and spirit (the pain of excessively felt shame, guilt, fear, anxiety, loneliness, and/or the pain of growing old or dying in pain are examples). Soldiers may use their death as retaliatory abandonment (that is, killing self to "get back at" a person who abandoned him or her). Soldiers who feel they are driven to suicide think that death is the only means to relieve the psychological pain (Army Behavioral Health).

CHAPTER 5: CONCLUSION AND RECOMMENDATION

Overview

Chaplains are expected to be responsible for the provision of peace and comfort. Within the context of a non-combat pastoral background, the normal church, synagogue or mosque paradigm is of a pastor, rabbi or imam faithfully providing for and caring for the spiritual needs of those in his or her religious community. This paradigm is carried out on holy days and over the course of pastoral duties in the community, but in this context, a pastor or equivalent operates from the comforts of church facilities offering church administration, counseling, planning for funerals and weddings, and developing and conducting church programs. Although these activities and events can be applied in a military context, a chaplains who limits his or her ministry and presence to an Army chapel and office is not necessarily fulfilling the potential of the role of chaplaincy. Being a chaplain means conducting activities in the broader military complex, wherever and whenever the chaplain is needed by the community of soldiers that he or she serves.

To this end, in order to be effective, a spiritual leader must personally and physically be engaged with the types of hardships, risks, and dangers that soldiers face on a daily basis. If he is not personally and physically be engaged he must certainly know or be well aware of hardships, risks, and dangers his soldiers face on a daily basis. The life and death struggle of combat on soldiers has a definitive impact on their overarching needs, both physical and spiritual. Given this context, chaplains must lead from the front rather than from an office or a field chapel. A spiritual leader needs to have a character which is intuitively trustworthy, needs to be technically and tactically competent in his role, and must care enough for the spiritual needs specific to soldiers to share their

hardships, risks, and dangers.

This chapter will review the findings from this research, and delineate how these findings can inform chaplaincy policy and planning so that the United States Army Chaplain Center and School can continue to assist soldiers in the way described above. Chaplains can, in this way, continue to inspire the spirit and actions of soldiers in their creative and relentless pursuit of a military vision, and help them develop the will to win against the odds and despite the obvious and intuitive hardships, risks, and dangers of combat (Kolenda, 2001).

Findings

Overview of Findings on Suicides

The following table outlines the scope of suicide behaviors in 2008 in a single unit, Multi-National Division A, based in Afghanistan. This table helps to illustrate the types of challenges being addressed by chaplains in a combat context.

Table 2: Suicide Behaviors 2008

SOLDIER	RANK	DATE	EVENT	COMMENTS
AB	PFC	16-Jul	Suicide Gesture	Took overdose of Ambien and Celexa in the setting of marital problems. He had suicidal ideation with thought of using M-16 prior to visit. Medevac to LRMC.
WP	PFC	16-Jul	Suicide Gesture	21 yo married male, spouse asking for divorce, pointed a locked and loaded weapon at head, stopped by roommate. Currently on unit watch.

JO	PFC	13-Jul	Suicide Gesture	20 yo married male, spouse asking for divorce, history of depression, shallow cuts to arms with Gerber. Sent to restoration.
CD	SGT	1-Jul	Suicide Gesture	Soldier loaded a single round into his M-4 and took weapon off safe after becoming distressed about job duties as NCO at a COP. Has responded to medication and psychotherapy and is so far being kept in theater.
TA	PFC	8-Jun	Suicide Gesture	20 yo single female, overdose of over the counter medications, acutely depressed about failing relationship. Evac to CONUS and now back in theater past 2 days.
KV	SGT	8-Jun	Suicide Gesture	Soldier found in CHU with M-16 loaded and pointed at her head, in the setting of work stressors. After a rehabilitative transfer she remains at FOB xxxx with ongoing safety and treatment plan developed by Command and 2/1 AD Psychologist.
CT	SPC	1-Jun	Suicide gesture	24 yo locked/loaded weapon after being read an Article 15. Evac to CSH and then back to unit.
MC	PV2	June	Suicide	Divorced 29 yo female locked and loaded

			Gesture, Homicidal Ideation	weapon threatening to kill 1SG and herself, job and family stressors (separation from children). Chapter separation, return to CONUS.
S J	PVT	8-May	Suicide Gesture	Soldier overdosed on his prescription antidepressant medication (20 pills) in the setting of family stressors. Soldier monitored in TMC overnight and placed on buddy watch. Currently, he remains at FOB xxxx with an ongoing safety and treatment plan developed by Command and 2/1 AD Psychologist.
B S	SPC	5-May	Suicide Gesture	Soldier was placed on unit watch and found with a locked and loaded 9mm to his head citing an intent to want to take his life in the setting of marital problems during return from R&R. Soldier was returned to home station and chaptered out of the Army.
MD	PVT	19- Mar	Suicide Gesture	Soldier with multiple disciplinary problems who ingested multiple prescribed medications after being found intoxicated with alcohol. Soldier had a similar event in Jan 08 for which he was evacuated from

				theater, but was returned to theater in Feb 08.
HT	SGT	18-Mar	Suicide Gesture	Soldier ingested unspecified amount of aspirin in the setting of family stressors. Soldier was evacuated from theater.
BD	CPL	1-Feb	Suicide Attempt	Soldier presented to FOB xxxx CSC citing that he had overdosed on his multiple medications that he took for PTSD and chronic back pain. Recent stressor was a sense of feeling that he was a failure due to his ongoing medical/mental health problems. Soldier was evacuated from theater. Soldier was an ongoing CSC patient.
DJ	PFC	29-Jan	Suicide Attempt	Soldier made a serious suicide attempt to inflict a GSW to his head, however, round went through his cheek. Primary stressor was ongoing family problems. Soldier was evacuated from theater.
TK	PFC	22-Jan	Suicide Gesture	Soldier ingested 5 Ambien tablets in the setting of family stressors. Soldier was evacuated from theater.

What is evident from these suicide attempts and gestures is that there is a need to recognize the interaction of family-based stressors with combat-based stressors. It is clear that although there are combat-related issues that precipitate a soldier's ability to cope with stress, the inciting factors for suicide often include family-related issues. The findings demonstrate that there is a need to recognize that marriage or family problems may lead to extreme psychological responses, even among soldiers who have had no history of psychological issues over the short or the long term. The same can be said for soldiers affected by work-related issues. What is evident from this list of suicide-related behaviors is that soldiers undergoing disciplinary action, especially those conditions which are likely to result in a loss of career, are more likely to undergo extreme psychological responses. As a whole, the heightened sense of responsiveness to challenge that is encouraged in combat seems to be aligned with a focus on issue solving, even to the point of ending one's life, among soldiers in the field.

Additional suicide report details, which can be found in Appendix A, provide even more insight into how these suicides have come to pass. These detailed reports demonstrate that the highest number of completed suicides occur in the combat theater between the soldier's sixth and ninth month of deployment, although older and more experienced soldiers are emerging as a new at-risk group for suicide in combat. It is also clear in looking at the narratives of the soldiers' psychological histories that failed relationships are the most influential factor which leads to suicide, followed by the challenge of undergoing disciplinary action. In addition, the process of transitioning into a new unit is always a stressful time for soldiers, but doing so either during or just prior to a deployment magnifies the effect. The fact that most of the soldiers in this list of

suicide reports had no prior history of mental health problems and no prior history of suicidal gestures or attempts likely made it more difficult for the mental health professionals assigned to their cases to identify the depth of their psychological challenges. This is why the role of chaplains, as well as commanding officers, are important in identifying the ways in which soldiers are at risk for suicidal behaviors. Those who have deeper and more frequent interactions with soldiers are the most likely to be able to help them before extreme responses to stress, such as suicide, take place.

Findings on Chaplain Assessments of Suicide Behaviors

The reports of chaplains are also important in developing best practices for managing suicidal behaviors among soldiers in combat. A collection of these reports can be found in Appendix B. Most of the chaplains' reports point to evidence of family and relationship issues among the soldiers they serve.

As one chaplain reports, Once the soldier is away from home she/he no longer has the same methods to use in solving relational difficulties that already exist or those that begin later. Unfortunately, many young soldiers have been married for only a short time before deployment and the strains due to the separation cause them to see only one option: divorce. I know of between ten and twenty marriages in my unit that are either already dissolved or are on the way to destruction. Most of the issues that I am aware of surround unmet needs, poor communication (both the skills of communication and the means by which soldiers can communicate), and finances. These are all areas that can be improved by learning about relational skills, but it is very difficult to teach relational skills in a deployed environment to only one side of the relationship. (Appendix B; Report 1)

What this report points to is the intrinsic difficulty of managing the kind of stress that goes alongside marriage while deployed. There are challenges in having to address these issues because of the fact that so many soldiers are young and inexperienced in managing and contributing to a marriage. It is difficult for chaplains to be able to provide the right kind of support, as well, when both individuals are separated by continents and time. For this reason, many of the chaplain respondents have recommended that a 15-month deployment is an unreasonable length of time for young soldiers to have to be away from their spouses, because of the natural breakdown of the family which occurs, and which cannot be mended over the long term. At the same time, other challenges are also noted.

As another chaplain wrote, We have sustained about 10 suicidal “attempts”, “gestures”, and “threats” total in 6 months. I expect more. In my opinion, many were not legitimate. Soldiers use the suicide “TRUMP CARD” to get out of what they perceive as too long of a deployment. Usually the threat or attempt comes from a soldier with family problems. Some soldiers go on leave in month 3 of the deployment, with 12 more to go. If a perceived crisis occurs with their spouse during month 5, they use suicide as a way to go home (and sometimes that way is granted). This becomes a snowball effect when others see soldiers given a suicide “ticket” to go home. (Appendix B; Report 7)

What this report demonstrates is that there is a perception that some soldiers are using the system to try and extricate themselves from combat during a time of great stress. There is a danger in this kind of attitude towards potential suicides. Although it may be possible for some individual soldiers to make false suicide gestures, the evidence is clear from the statistics noted above that there is a very real possibility that these false

gestures could become real, in the very near future. Evidence of this lack of attention given to these potential cases can be found in a letter, which can be found in Appendix C, from the wife of a soldier who is pleading for assistance for her husband whom she believes to be suicidal. As she writes,

My husband is a normal man who is begging for help and has been turned away time and time again. I would certainly hope that this email will bring to your attention the urgency of this man's desperate situation.... I don't know what else to tell you all. He's not playing a game, I can tell you that for certain! I know this man very well. Again, in closing, I plead with you all to assist my husband, in getting the all around care he needs a Medic CANNOT SUPPLY THAT FOR HIM! He needs professionals immediately. I sincerely hope this brings to light the serious nature of this situation concerning my husband. He is definitely suicidal. That is all he kept talking about this morning on the chat we had. (Appendix C)

What this letter demonstrates is that there is, at times, a disconnect between what soldiers need and the care which is given to them in combat situations. For this reason, most of the chaplains who provided statements have noted that any conversation about suicide should be taken seriously and reported, and commanders in the field need to take a role in making sure that the challenges which are faced by soldiers are addressed. To this end, in addition to the work that chaplains do, first line leaders need to know their soldiers, their past, and the events that are going on in their lives so that they can make a clear assessment of what is affecting them and how their suicide complaints or behaviors should be managed. Leaders and other soldiers should identify to the unit chaplain and mental health support personnel those soldiers who are dealing with difficult life

situations, especially if they have made verbal or behavioral overtures about the act of suicide.

From the point of view of the chaplains interviewed, many note that it is very important to encourage soldiers to avoid making major life decisions either during or immediately following deployments. As noted above, this is difficult for young soldiers who have a need to have problems resolved quickly. Nonetheless, chaplains can serve as a fundamental support system for these soldiers. Chaplains have a primary role in monitoring and checking up on soldiers who are dealing with failed relationships in particular, and for those dealing with other life crises.

Nonetheless, one of the biggest issues a chaplain faces is the fact that soldiers' spouses are not directly under their care as well. There are conflicting points of view on this issue among the reports from the respondents in this research. Report 7 (Appendix B) points out that, as an example, there is much stress on a wife when she takes care of four children alone for a year or more in repeated deployments. This is something that needs to be taken into consideration, given that low pay and financial problems are also an issue for many of the soldiers who are approaching suicide. At the same time, one chaplain puts the blame back on the spouse, noting that "Wives become more self-centered and independent.... To me, it seems as if she is falling away from God and Satan is using this time of deployment as an opportunity to break not only my family but also many other families who are going through the same problems or issues" (Appendix B, Report 2). In other words, there is a misunderstanding around the amount of stress also being faced by spouses who have to stay at home and manage a family by themselves with few financial resources. A marriage cannot be saved if the blame is being placed on the person at

home, who has no assistance. In order for chaplains to have the resources to help soldiers to deal with stress, there need to be support systems in place not only for soldiers but for their spouses at home as well. Many of the chaplain respondents note that there need to be ways in which to engage both spouses in pastoral care in order for some issues to be addressed.

One of the most salient issues which comes up several times in the chaplains' reports is the level of maturity of soldiers as a whole. As one respondent noted,

"The mentality in the Army is very juvenile, which points to immaturity. If leadership didn't encourage immaturity through glorifying it, then there would be less of it. To strengthen marriage, Captains and 1SGs should probably take more courses on how their mentality affects those of soldiers. Maturity would help soldiers form better relationships with better partners. Then a 15 month deployment (with two leaves) would be bearable" (Appendix B, Report 4).

Other respondents note the young age of soldiers as a contributing factor to managing stress of all forms. The point is that there is a need to recognize how the overarching culture of the Army is something which can have an effect on suicide and other stress-related negative behaviors. What these chaplains are pointing out, importantly, is the fact that it is necessary to examine the ways in which the social context of the Army can make an impact on the feelings of desperation that many soldiers face. Over the long run, it will be necessary to begin to address these challenges in a more definitive way.

Recommendations

There are a number of different strategic recommendations that can be followed in order for the issue of suicide to be addressed in a substantive way. The United States Army Chaplain Center and School must continue to conduct effective chaplain education that has the following characteristics, and the Army itself needs to make changes in the way that it supports chaplains in their duties.

Educational Foundation

On an overarching level, a number of key educational norms for chaplaincy must be established. The United States Army Chaplain Center must educate chaplains to personally and physically perform their chaplain core competencies according to the standards of Army doctrine in various adverse combat conditions. The Center must begin education at a level common to all students, but enables different ends according to the skills, experience, desires, and drive of the student. This approach would enable all students to begin and move forward in their education process from a common reference point, yet allow for personal drive in self-education. This approach would also allow for the fact that chaplaincy students come from a number of different pastoral, educational and military backgrounds as well.

In addition, the Center must conduct instruction from the perspective of various contemporary operating environments and utilize instructors who have recently served in those environments. The Center will need to bring in such instructors for specific classes, panels, or lectures as necessary. This also means that the Center must continually intersect education in the classroom with the real world to provide reasons to learn. Including real world case studies, field problems, practical exercises and talks from those

with recent, relevant experience graduating students will soon face will be appropriate tasks in ensuring that adequate preparation is provided. The Center must focus on applied, rather than theoretical, instruction and provide examples of the application of these lessons in real world environments. Finally, the Center must ensure that it sets and maintains high standards and make student failure a possibility with consequences.

Suicide Prevention Training

Specific suicide prevention training programs should be incorporated into every facet of the deployment cycle: pre-deployment, deployment, re-deployment, and reintegration. It must also include all members of the military team: not only chaplains, but also military leaders, mental health professionals, service members, family members and significant others. The training must be relevant, realistic, and useful. Members of the team must be deliberate and methodical in their training to ensure that first-line leaders and above are equipped with the needed tools to identify and recognize the signs in their soldiers as well as how best to get them help and what resources exist before, during, and after deployment to aid in this effort. The most significant failure that Army chaplains and leaders to which can contribute is to have all the programs in place toward preventing suicide, but to fail to connect soldiers to those programs in a substantial way so that these programs are actually effective.

Training is the key to preventing suicides, and can be coordinated with Pre-Deployment Battlemind Training. It is important to provide training to soldiers on how to identify risk factors and early warning signs, develop life coping skills, and create expectation management as soldiers prepare to head into a deployed environment in harm's way, leaving family and loved ones behind. There is a fallacy in ignoring the fact

that “Dear John” letters will get written, that marriages will fall on hard times, that spouses will be unfaithful, that families will get stretched financially and emotionally and that some children will have behavior problems. Evidence of these situations that could set in motion suicidal behavior must be countered with proactive intervention measures. In anticipation that events like these will occur, it is important can head off possible negative behavior by equipping soldiers with healthy coping skills. Training requirements from Applied Suicide Intervention Skills Training (ASIST) and other suicide prevention resources can be utilized at very low cost.

It is also clear that suicide prevention needs to continue after deployment. Training needs to continue, but at lower levels in squad- or platoon-size elements, and at patrol bases instead of larger Forward Operation Base (FOB) settings when possible. Leaders need to work on integrating new soldiers into the unit before, during and after deployment. Training should be tailored around the phases of the deployment and the issues soldiers are dealing with, be it home front issues, Uniform Code of Military Justice (UCMJ), heavy casualties or combat losses. Commanders need to rely most heavily on their first-line NonCommissioned Officer (NCO) leaders to be on the lookout for the early warning signs they learned to detect in pre-deployment training, and need to be supported by chaplains in continuing to identifying these signs. As well, first-line leaders will need to emphasize the importance of buddy maintenance in this effort, especially in the sixth to tenth months of deployment, as these are the highest risk months in which more suicidal ideations, gestures, or incidents occur. An alternative option for training while deployed could be enacted in one-on-one encounters through the chaplain, medical personnel, Division Mental Health, and Combat Stress Control Clinics.

Re-deployment also involves training, early identification/intervention, and treatment. The difference with the re-deployment phase is that the basis for anxiety for soldiers may have shifted to what lies waiting for them back home rather than what they experience in the field. These fears can manifest themselves in many ways and the unknown or pending conflict that many know they will have to confront upon return can be overwhelming when coupled with the fatigue of a long combat tour.

Administrative Changes

There are a number of different recommended improvements in administrative processes that will lend themselves to ensuring that education and training programs will be effective over the long term. An overview of the responsibility for each administrative duty is outlined in Appendix D.

First, each unit should establish a Unit Behavioral Health Advocate program in order to help enhance unit behavioral response capabilities, improve unit behavioral health/suicide prevention education, and decrease the stigma of seeking mental health services. This program could delineate the frequency of mental health assessments under the guidance of both the medical and chaplaincy support teams, and the processes by which these assessments would occur. For example, visits personnel to patrol bases by the medical and chaplaincy support teams could occur on a monthly basis and Unit Behavioral Health Needs Assessments might occur on a quarterly basis or by the deployment status of the unit.

Specific processes need to be put into place when soldiers are placed alone on guard duty or when they have demonstrated mental health issues in the past. For example, processes should, perhaps, consider limiting the amount of time a soldier is alone on

guard duty to a specific bihourly rota so that he or she is not left alone with his or her weapon without assistance or recourse. In addition, hourly guard checks of the guard towers either physically or, at a minimum, communications checks, should take place. Policies also need to be put into place with respect to access to weapons, as soldiers often will take their lives with their own equipment. A policy to control access to weapon should be delineated, and a formal process to return a soldier's weapon after it is confiscated due to mental illness or stress also needs to be developed.

Above all, administrative processes need to be personal as well as professional. It is important for soldier duties to be managed based on their own personal mental health limitations rather than what is expected of all soldiers. Face-to-face discussions about a soldier's fitness to deploy must take place. In other words, suicide prevention cannot just be a paperwork drill or something which is given lip service. This is especially crucial when a soldier has a well-documented history of mental health issues, but it is also true for all soldiers, even those who have not been diagnosed with a mental illness previously. The reason that a positive attitude to dealing with mental illness is necessary is that it is important to remove the existing barriers to care, as documented above, by removing the mental health stigma for those who seek help. There needs to be a focus on how and when to get assistance for mental health issues.

Conclusion

The challenges faced by soldiers in combat are extreme, and the role of the chaplain in mitigating suicide is likewise difficult. Army doctrine states that the tasks, conditions, and standards that a chaplain in combat are to provide generates a first line of defense against the impact of mental health issues on troops. What this means, in

practice, is that chaplains must be able to take the lead on creating a supportive environment in which soldiers can turn to them in times of extreme need. Nonetheless, recent combat operations demonstrate that there is a profound lack of preparation for dealing with the extent of soldier suicide that has emerged in recent deployments. The number of suicides go far beyond expectations, and chaplains, to date, have not been prepared for managing the level of stress which is currently endured by their flocks in battle, and with respect to the dissolution of their personal relationships due to this level of stress.

To this end, in order to prepare himself or herself to accomplish spiritual leadership tasks, conditions, and standards in combat, a chaplain needs to gain the benefit of specialized combat and suicide prevention training. This training must extend to the community of soldiers themselves, as well as senior officers, so that troops can gain the peer support that they need to have the courage to address mental health issues in the field. Training needs to be accompanied by specialized processes on the administrative level that can help chaplains to fulfill their spiritual and military duties in a substantive way. With these changes, it is hoped that our troops will become better prepared for the stress of battle, and the number of suicides in the military will decrease over the long run.

APPENDIX A: SUICIDE REPORTS 2007/2008

[information given to me in reports]

MND-B JUNE 2008 (Multi-National Division-Baghdad)

- Soldier was a married, 22 year old, Arabic, male (E-5, 11B) who was nine months into his second deployment to OIF/OEF who completed suicide in May 2007 at FOB xxxx, Iraq.
- Soldier had no prior history of mental health problems and no prior history of suicidal gesture/attempts.
- During his deployment several unit members had heard the Soldier arguing with his spouse, but no one had approached him about it.
- That night his unit was scheduled to go on mission, but the trucks were full and he was scheduled to depart on his mid-tour leave the next day so his squad leader told him to take the night off.
- This was the last time any of his squad members saw him and all noted that he was in good spirits and that he had purchased tickets to take his family to Disney World while home on leave.
- That evening the Soldier went to the MWR to talk with his family on the phone. Soldier was noted by several MWR personnel to leave the MWR tearful and upset.
- Several hours later the squad returned from their mission and when the Soldier's roommate returned to the CHU, he found that the Soldier had hung himself and the trip tickets were displayed on the bed.

- Later interviews noted that the Soldier's wife had told him that she did not intend to go on the trip to Disney World and that she was leaving him.

MND-B JUNE 2008 (Multi-National Division-Baghdad)

- 40 year old, married African-American male (E-7, 42A) stationed at the 86th CSH, in country for 9 months.
- No prior history of mental health problems or suicide gesture/attempts.
- Described by his co-workers as self-confident and outgoing.
- Charged with sexual harassment of several female coworkers and sent by command to Camp xxxx while awaiting the investigation.
- After 5 weeks in Kuwait traveled back to Iraq for an initial meeting with his defense attorney.
- The following morning shot himself fatally in the chest with his service weapon.

SPC XXXX, 3BCT (Brigade Combat team) January 2008

- Soldier was a single, 24 year old, Caucasian, male (E-3, 11B) who was 10 months into his first deployment assigned to 1-15 IN, 3BCT, 3ID who completed suicide in January 2008 at Combat Outpost xxxx, Iraq.
- Soldier had no prior history of mental health problems before or during the deployment and had not prior history of suicidal gesture/attempts.
- Soldier had never been seen by mental health or the chaplains throughout his deployment.
- Soldier was well known within his company as a happy and cheerful individual and was not known to be a "problem child."

- The day prior to the event, he was verbally reprimanded by a supervisor and was required to write a 1,000 word essay due to not knowing particular pieces of information about his MOS. He completed the task but not to satisfaction and was assigned at 1,500 word essay. He refused and it was escalated to a 3,000 word and then potentially to further disciplinary action.
- At 1000 on the day of his death, Soldier assumed guard duty in a tower and at 1305 he was found sitting on a bench with his back against a wall with a gunshot wound to the head. His M4 was between his legs and shell casing was reportedly located adjacent to his remains. He was not wearing his body armor or equipment and his items and his lunch meal were displayed neatly.
- After the event, his battle buddy reported that on two occasions in the past month he had been joking about “killing himself.” Additionally he said that the Soldier had spent several hours in the guard tower crying. These statements were never reported.
- XXXX friends denied any knowledge of significant stressors to include relationship problems, financial difficulties, or pending/recent legal/disciplinary actions, however, one friend stated he was very angry about some of the changes that had recently occurred in the platoon.
- The day prior to the event, XXXX spoke with his mother and his friend’s girlfriend and noted that everything was going well but reportedly asked his friend’s girlfriend some “strange” questions about how it felt being in a relationship.

September 2007, MND-N (Multi-National Division-North)

- Soldier was a married, 26 year old, Caucasian, female (O-3, captain) who was 10 days into her first deployment who completed suicide in September 2007.
- Soldier had a prior history of depression for which she was treated with an anti-depressant medication, but had no prior history of suicidal behaviors or inpatient psychiatric treatment.
- Soldier joined the brigade staff less than 1 month prior to the deployment after her predecessor was let go from the position.
- Soldier was notably struggling in her new responsibilities as the Brigade Surgeon and was noted to not be integrating well with the staff.
- Soldier had just completed her residency training and had no experience as a staff officer or in a line unit.
- Per reports, Soldier frequently required spot correction and corrective counseling.
- One evening, shortly after a corrective counseling session she went to her room and self inflicted a gun shot wound to the head using her military issued M16. She was discovered by her roommate.

August 2007, MND-B (Multi-National Division-Baghdad)

- Soldier was a married, 32 year old, Caucasian, male (E6) who was eight months into his second deployment to Iraq who completed suicide in August 2007 in MND-B.
- Soldier was a decorated and respected NCO within his unit who during the course of the deployment developed an inappropriate relationship with a female junior enlisted Soldier within his unit.

- Within the two weeks prior to his suicide, the Soldier had multiple conversations and received multiple messages from this junior enlisted Soldier citing that she “needed space” and “did not love him.”
- Additionally during that time frame, the Soldier was counseled by his chain of command about the perception of an inappropriate relationship with the junior enlisted Soldier. Although the Soldier denied the relationship to the command, later evidence showed this counseling was a major reason for the junior enlisted Soldier discontinuing the relationship.
- The junior enlisted Soldier discontinued answering the Soldier’s emails, text messages, and other communications and on the evening of his death, the Soldier went to the female’s room and asked her roommate to have a minute to speak privately with the junior enlisted Soldier. The female initially told him no at which point he locked and loaded his 9MM and instructed the roommate to leave.
- The roommate left immediately to get another member of the chain of command and as she was returning with the first sergeant, two gun shots were heard.
- The first sergeant opened the door to find that the Soldier had shot the junior enlisted Soldier and then himself.

June 2007, MND-N (Multi-National Division-North)

- Soldier was a single, 21 year old, Caucasian, male (E-4,enlisted; 94B) who was nine months into his first deployment to OIF/OEF (Operation Iraqi Freedom/ Operation Enduring Freedom) who completed suicide in June 2007 at xxxx1, Iraq.
- On pre-deployment screening, Soldiers was noted to have elevated levels of stress. He declined any treatment prior to or during his deployment and had no

prior history of mental health problems and no prior history of suicidal gesture/attempts.

- The unit completed Suicide Prevention training in May 2007.
- The Soldier was noted to be a “private person” and few of the Soldiers knew about any ongoing events in his life.
- In early June, the Soldier reported to several friends that he was having some problems with his girlfriend back home, specifically some of her partying habits, especially her use of marijuana.
- The night prior to his death, the Soldier was talking with his supervisor about upcoming plans and he was scheduled to receive an AAM for his “outstanding performance” on a recent project.
- The morning of his death, the Soldier did not present for his award ceremony. He was found in his unlocked CHU with multiple self inflicted gun shot wounds to his chest and the phrase “I Hate Drugs” written on the wall.
- During the investigation of his death, CID learned that the Soldier had a prior drug history before entering the military and had gone through rehabilitation. His mother noted that he was very “anti drugs or alcohol.” He learned the night before that his girlfriend was continuing to use marijuana heavily.

April 2007, MND-B (Multi-National Division-Baghdad)

- Soldier was a single, 19 year old, Caucasian, enlisted male (E2, enlisted) who was two months into his first deployment to Iraq who completed suicide in April 2007 in MND-B.

- The day prior to the event, the Soldier was on a patrol when a van driven by a civilian Iraqi circled around the back of the convoy and reportedly approached the Soldier's side and he opened fire striking the civilian in the right arm.
- The Soldier was told that he reacted appropriately by some unit members, but was warned about an investigation by others.
- No AAR was conducted and the unit set out on another patrol shortly thereafter, not returning until the following day.
- The Soldier's NCO (noncommissioned officer) had a meeting with him and warned him that there would be an investigation and of a possible Article 15. He was then told to go back to his room and get some sleep.
- Shortly thereafter, his roommate was lying on his bed and heard the Soldier's weapon charge, looked over and witnessed him put his weapon up to the right side of his head and pull the trigger.
- No other stressors have been identified and the Soldier had no prior mental health history.

March 2007, MND-B (Multi-National Division-Baghdad)

- Soldier was a single, 25 year old, Caucasian, male (O2, officer) who was seven months into his first deployment to Iraq who completed suicide in March 2007 in MND-B.
- The Soldier was a West Point graduate and was considered a high achiever.
- Soldier had no prior history of mental health issues either in theater or prior to deployment and had no contact with chaplains or medical personnel.

- Soldier was a platoon leader and in December 2006 he was relieved for cause due to loss of control of platoon including not being able to control his PSG (platoon sergeant), failure to report a negligent discharge, and allegations of inappropriate treatment of detainees in an abusive manner.
- Soldier received a relief for cause OER (officer evaluation report) and a General's Letter of Reprimand in March 2007 for his failure.
- One of the Soldier's friends noted an attitude of shame and embarrassment over the OER and Letter of Reprimand and reported that he felt his career was over
- On 29 March 07 the Soldier testified in trial against one of his Soldiers where he noted that no one was looking out for his interests.
- The following day, 30 March 07, the Soldier was found deceased in his CHU (containerize housing unit) by his roommate. Soldier had self inflicted a gun shot wound to the head with his assigned weapon.

December 2007, MND-B (Multi-National Division-Baghdad)

- Soldier was a single, 20 year old, Caucasian, enlisted male (E4, enlisted) who was four months into his first deployment to Iraq who completed suicide in December 2007 in MND-B.
- The Soldier was assigned to detainee operations and was noted by his NCO supervisors to having increasing irritability and frustration in dealing with the detainees including several instances of inappropriate use of physical force.
- That morning, Soldier had a violent outburst at work and his NCO took him to the aid station for evaluation due to concerns that the Soldier might be a risk to himself or others.

- Soldier was evaluated by the physician and cleared for any safety concerns. However, the unit decided that they no longer wanted him working on detainee operations and planned to move him back to their main FOB (forward operating base) that day.
- Soldier was escorted by an NCO to his room to pack his bags so that he could catch the transport and was intermittently supervised by his NCO while doing this. His roommate noted that while packing his bags he was writing a letter, but paid no attention. It was later discovered that this was a suicide note.
- He was then escorted to the transport. Enroute he stopped to utilize the latrine. He entered the latrine and self inflicted a gun shot wound to the head with his military issued M4.

November 2006, MND-B (Multi-National Division- Baghdad)

- Soldier was a single, 28 year old, Caucasian, enlisted male (E3, 11B) who was four months into his first deployment to Iraq who completed suicide in November 2006 in MND-B.
- The Soldier had an extensive history of drug and alcohol abuse and in early 2006, he chose to seek sobriety. Upon finishing rehabilitation, he chose to enter the Army to “pay back society.” He entered the Army in February 2006 and arrived to his first duty station in July 2006 deploying just three weeks later
- Soldier did not cite any ongoing mental health problems on his pre-deployment health assessment.
- In August 2006 the Soldier learned that his girlfriend was having a sexual relationship with another man. In post-mortem review of the Soldier’s journal,

shortly after this time describing worsening depressive symptoms and a desire to “attain glory and medals” to impress his girlfriend.

- On 13 October 2006 the Soldier sent an e-mail to his girlfriend stating that he intended to buy her a \$13,000 necklace and that he was extending his credit limit to buy other gifts for her. Additionally, he noted that she was going with her friends to Las Vegas for the weekend.
- On 14 October 2006, the Soldier was assisting in running a check point where his duties included searching local nationals and vehicles. That day he was noted to be more aggressive than required in his searches and was verbally reprimanded by his NCO supervisor.
- Shortly after the reprimand he took two steps from his supervisor, turned his back, and fired one round into his head
- Throughout his time in Iraq, the Soldier showed no outward signs and did not discuss any contemplation of doing harm or injuring himself to members of his platoon nor did he seek any counseling services although they were readily available.

SFC XXXX, 1BCT, (Brigade Combat Team) June 2006

- Soldier was a married, 35 year old, Caucasian, male (E-7, 68W) who was five months post-deployment from his second deployment to Iraq assigned to 3 BSB, 1BCT, 3ID who completed suicide in June 2006 at xxxx, FL
- Soldier had no prior history of mental health problems and no prior history of suicidal gesture/attempts.
- During his deployment to OIF 3, Soldier was having an affair with a junior NCO from his company. While home on his mid-tour leave, the Soldier divorced his spouse.
- Upon return home from deployment, the Soldier and the NCO from his unit were married. Soldier was reportedly happy and by all accounts, he and his former spouse developed a cordial relationship including frequent visitation of his children.
- Soldier's PDHA and PDHRA did not identify any ongoing issues and he was not seen by mental health.
- In May 2006, Soldier was chosen to be the BCT Equal Opportunity NCO and was sent to Patrick AFB for training.
- While there, the Soldier hung himself in his hotel room on his daughter's birthday.
- No explanation note was provided, however, scene reports cited that both his divorce papers and letters from his former spouse and children were displayed throughout the room. The reviewing mental health officer noted that this was the Soldier's first opportunity in two years where he was alone and had time to reflect

upon his decision to leave his family and start a new life with his current spouse and that he was likely overcome with grief about those decisions

APPENDIX B: CHAPLAINS' ASSESSMENT REPORTS

[information is verbatim as written by the sources]

The questions posed to the Chaplains and Chaplain Assistants were:

1. How long do you think deployments should last fifteen months, a year or less?
2. What do you estimate the number of divorces in your unit?
3. In terms of eployments how has it affected your marriage and communication?
4. Share with me any concerns you have about the deployment, marriages (including yours) and any other expressions of concern.

Report 1: BRIGADE SPECIAL TROOPS BATTALION CHAPLAIN

ASSESSMENT

We left in October and are now eight months into our fifteen month deployment.

This is my first assignment as an army chaplain. The ministry I am able to be a part of is very meaningful and I can see the need for chaplains to be an intricate part of each army unit, but even though I enjoy what God has called me to do, I cannot deny that there is a cost involved. As the person who is possibly the one most focused on the issues and needs of the soldiers in my unit, I have listened to many stories of marriage and family difficulties. Granted, most of these are probably not solely due to deployment as they begin with other smaller issues that were not resolved prior to the deployment itself. Once the soldier is away from home she/he no longer has the same methods to use in solving relational difficulties that already exist or those that begin later. Unfortunately, many young soldiers have been married for only a short time before deployment and the strains due to the separation cause them to see only one option: divorce.

I know of between ten and twenty marriages in my unit that are either already

dissolved or are on the way to destruction. Most of the issues that I am aware of surround unmet needs, poor communication (both the skills of communication and the means by which soldiers can communicate), and finances. These are all areas that can be improved by learning about relational skills, but it is very difficult to teach relational skills in a deployed environment to only one side of the relationship. I have had some contact with soldiers who attended a marriage training seminar that we hosted prior to deployment and they have said that their marriage is still benefitting from some of the skills that they learned at that event. Although I will continue to offer this kind of marriage training, the fact is that nothing can fully prepare you to face the unknown difficulties of a fifteen month deployment.

Speaking in terms of deployment time and how it affects relationships, I would say that there is no doubt that a shorter deployment will do less damage to any marriage; the question is, “How do you measure the difference?” I can say that most of the marriage issues that soldiers talked with me about began around the four month mark of our deployment. I have tried to encourage soldiers to wait until deployment is over before making any life changing decisions like divorce, but their response many times is, “I can’t wait that long.” I believe it would be a much easier sell for me if they only had five additional months to wait rather than eleven. As far as unmet needs of the spouse at home, I know that my wife has great difficulty thinking about my being gone an entire year’s worth of family events: birthdays, anniversary, holidays (it just so happens that we will miss two Christmas seasons on this deployment). There is something tangible about being able to say, “I’ll be gone for less than a year.” It makes everything seem more bearable. “We can handle this for nine months.” That is so much better than saying, “I am

leaving in 2008 and won't be back until 2010." There is a huge psychological piece that can get overlooked by simply pointing out that it is only three months longer than a twelve month deployment. I can quantify it with numbers, but it is real none the less.

In short, I can see great benefit to the families of service members as well as to the Army itself by reducing the length of deployment. Service members who have a strong family support system are much more likely to have the ability to focus on and accomplish the mission they are called to do. It is also likely that they would stay in the Army longer than those who have experienced such great turmoil and loss in their marriage due to fifteen month deployments. I don't know of anyone who would argue this point. I can only hope that the nation will be able, in the future, to find a way to make it happen.

Report 2: INFANTRY BATTALION CHAPLAIN ASSESSMENT

Being apart from my family for months is very hard to bear. And being in Iraq with lack of communicating system gives me additional and harder challenges. I tried using Instant Messenger as many times as possible to communicate with wife and my kids. However, conveying my feelings is very limited. Even though I have an internet in my room, the speed fluctuates and not fast enough to see my family through webcam. As time prolongs and communication is being limited sharing of our thoughts, care, and love cannot be delivered fully. The communication is the key to a success to any relationship and it's really hard to have that. Losing that crucial part in our relationship, and especially when it's being extended as long as 15 months, I have no doubt that not only mine but also any relationship will be wounded and damaged. If any deployment becomes 9 months, then that will definitely benefit everybody mentally and emotionally.

If there is any challenge from this deployment as a Christian family, it will be missing a family devotion and family prayer time. Basically, I miss family gathering and fellowship. Without them, it's really hard to make my family's faith accountable.

Wives become more self-centered and independent. I also see that from my wife. And she wants to think and focus on her life more than the family or the ministry. And I think I am suffering severely because of that. To me, it seems as if she is falling away from God and Satan is using this time of deployment as an opportunity to break not only my family but also many other families who are going through the same problems or issues. And it's been only 8 months that we've been Iraq and I have had at least 5 counseling that are related to divorce because of their wives' independent and self-centered life style. And once they tasted and experienced that independent life style, they don't want to give it up. And that life style leads to careless acts of not taking of care financial matters or their children.

Being separated from the family itself makes our soldiers lonely and sad. And anything, I mean anything, added to that causes soldiers to panic and worry which definitely may cause their job performance. Another thing soldiers suffer from is vulnerability. They feel vulnerable to problems that their family has. Some are agonizing because of the fact that all they can do is calling them and telling them how much they care for the family. And since they have hard time showing their hearts and feelings, a lot of doubts tend to dominate their conversations. It is sad but at the same time, it is grateful that the number is minimal compare to the numbers who are hanging in there and enjoying the deployment.

Report 3: CAVALRY SQUARDON BATTALION CHAPLAIN ASSESSMENT

The overall effect of the deployment has been positive for my marriage but the impact on my children has probably been negative. My motto has been “deployments do not destroy marriages but people destroy marriages by each decision they make.” My wife and I decided to strengthen our marriage during this deployment. We made a conscious effort to ensure that we were not letting the deployment come between us but instead used it as a time to be real with each other concerning our emotions. Our communication was an area that we focused on improving. I believe the distance between us allowed us to communicate openly since we knew that it was all we had to keep us together. Financially, we are better off also. One reason is because I can’t spend as much money here but also because of our improved communication, we are able to speak openly about our financial goals. It did not happen by accident, though; again this was intentional.

As far as our family, the kids (ages 6 boy, 7 girl, 13 boy) are having a difficult time but not as bad as I thought it would be. I have been very intentional about “parenting from a distance”. It is not the best but it is the best I can do at the moment, from Iraq. When I lived on the FOB and had internet access in my room it was easier to stay connected with my family because we used web cam on my personal laptop. Since moving to a patrol base, we no longer have personal internet and that has caused my interaction with my children to suffer.

As for the length of deployment, I do not see that being the deciding factor of better or worse family relations during deployment. There are two areas that I see as important that work regardless of the deployment length. As a matter of fact, if there is no

leave involved in a 9 month deployment, I see that as being more difficult than a 15 month deployment if the following areas are addressed. First off, the length of dwell time is more important than the length of deployment. I feel after 12 or 15 months deployed, families need at least 24 months together. And honestly, the 24 months of dwell time would not be 24 months due to NTC and home station training, ranges, etc. It would be approximately 12-18 months. Secondly, instead of one EML maybe there could be two separate EMLs. This would provide stability for families that even though their loved one is gone they know they can expect them home from time to time. We are not involved in a conflict that requires constant presence as OIF 1 did.

As for families in my unit, the average number of married soldiers having issues related to the deployment is 35%. These are the ones that have been reported either to me or the chain of command. Also, there are a number of serious relationships that involve engagement or serious commitment that have been negatively impacted. The Army does not track these relationship issues nor pay much attention to them but it should because these impact moral just as much as marital relationships do. The issues that I see being at the forefront of this are communication and trust; which go hand and hand. I see the longer dwell time introduced above as the biggest contributor to better communication because families will have more time to reintegrate before being separated. We have had one suicide due to the deployment that happened at home station during the main body flights.

Report 4: CHAPLAIN ASSISTANT ASSESSMENT

I am a chaplain assistant in the 1-76 Field Artillery Battalion, 4th Brigade Combat Team, 3rd Infantry Division. My title is SPC Simas. As a single person, some of the

questions are not applicable to me, but they will be answered with respect to how they affect my personal life, relation to my God, my family, my friends, and my Church community.

My location is Forward Operating Base xxxx, Iraq and has been since November 2007. My deployment has been 8 months thus far, and there is 7 months left. My EML leave was on the 4th month of my deployment. Recently I found myself joking that I am ready for this field problem to end. The NTC training at Ft. Irwin has helped me deal with the environment here in Iraq. And the feelings I get now are not unlike the feelings I got during NTC. With respect to leave, a 15 month deployment would be made substantially more bearable with a 2nd leave. Two 14 day leaves for a 15 month deployment would be close to optimal. I would say that at least every 5 months one becomes homesick. If there was a 2nd leave to look forward to right now, the time would be much more bearable. As it stands, there will be another 7 months before I can see my family again. The important thing is not how long I am deployed, but how long until I can see my family again. If the deployment was only 12 months, then there would be only 4 months left for me. This would also be better than a 15 month deployment with only one leave.

My relationship with my God has improved while deployed. The austere living conditions are advantageous, and FOB Kalsu is lucky in its religious support. Currently there is a Catholic priest living at Kalsu, and that is my faith. Surprisingly there isn't more participation from the troops in all faiths. My relationship with my parents and siblings has been stressed by the deployment. Nothing bad has come of the stress, but I miss them, and I am missing precious moments for example my grandmother may not

have much time left , and there has been a couple of large family reunions that I've missed. My sister is going through depression, and it's scary to think that I can't spend some face to face time with her for so long.

The experiences of soldiers in my unit have been mixed. Although this information is kept from me unless it's a need to know basis, about one third of my friends have watched their relationships dissolve. The brightest example of this is a soldier whose wife cheated on him. She told him before he found out from any third party, and the soldier has accepted her back. They are working on their relationship, and he is pretty much back to normal. Other soldiers weren't so lucky, and have become bitter. One soldier was threatening to seriously injure his girlfriend's lover when he went home on EML. Not all relationships can handle geographic separation. The relationships that can handle separation may also be the ones that can handle other stresses of life such as serious health problems. The mentality in the Army is very juvenile, which points to immaturity. This primarily applies to Captains and below. If leadership didn't encourage immaturity through glorifying it, then there would be less of it. To strengthen marriage, Captains and 1SGs should probably take more courses on how their mentality affects those of soldiers. Maturity would help soldiers form better relationships with better partners. Then a 15 month deployment (with two leaves) would be bearable.

Report 5: ARMORED BATTALION CHAPLAIN

This is my first deployment in the Army since I first joined on January 7, 2007. I spent the next three months at Fort Jackson going through CHBOLC (Chaplain Basic Officer Leadership Course) and was deployed seven months later.

One of the biggest challenges of a 15 month deployment is being away from my kids for such a long period of time. My children were 2.5 and 4.5 years old when I left and my leave at the time of this writing is scheduled for 9 months into this deployment. Twelve months is strain enough, but 15 seems to play with your mind as it encompasses more than a year where you may miss some events twice (holidays, birthdays, etc.). Plus, I joined the Army in January 2007. By the time I will have finished this deployment, I will have spent 19 months away from my family during the first two years in the Army. That is a long time and I think in all honesty I will see the effects later. When I was 22 years old I worked in Central Asia for two years straight without coming home, but being married is so much harder than when I was single. In fact, my two years abroad as a single guy was fine. But as a married man, I have much more to miss out on. Kids change so much in a short period of time and in 15 months, significant development occurs especially in the younger ones.

My wife and I have a great marriage where we are open and honest, but I am not saying we are perfect. The few disagreements we had were started by me and were financial. I took care of the finances before I deployed and letting my wife handle them while deployed. I had a hard time letting that go. Financially, we have not had issues arise to our finances due to deployment apart from adjusting to the rise in gas, groceries, etc. Communication has actually been better than I expected. I email and call my wife

daily, and sometimes send short videos I record with my camera or computer. That has helped tremendously. However, I think some soldiers and their spouses sometimes put to many expectations on communications. Some soldiers cannot call everyday.

I think shorter deployments make sense. The Air Force and Navy have figured this out. It is far more effective to do 6 months than to try to grind out 12-15 months. Usually the last few months of 12-15 month a person is more apt to be tired and complacent. Soldiers are fresher with shorter deployments. I realize that there are logistical and other concerns by shortening deployments, but I think we would be much more combat effective. When looking at time between deployments, training needs to be considered. When the Army states that there will be a minimum of one year between deployments, that one year typically includes one month at NTC or JRTC, several weeks of Brigade level in-the-field training, and several weeks of Battalion level in-the-field training. In short, during the course of “one year” a soldier may have several months away from his family.

I have counseled many soldiers who have become separated or who have started divorce proceeding during the course of this 15 month deployment. I have seen men as young as 20 to those in their 30’s and they have ranged from first time deployments to third time. I was actually surprised to find soldiers who have been here now a second or third time experiencing severe marriage issues.

Report 6: INFANTRY BATTALION CHAPLAIN

The Impact of a 15 Month Deployment on my Marriage and Family.

A 15 month deployment means:

- That at the conclusion of my deployment I will have been in the Army for 108 months; and separated from my family for 60 months.

- When you and your family are exhausted at the 9 month mark there are still 6 months to go.
- 15 months makes it very difficult to see the light at the end of the tunnel
- Makes it difficult for a father to maintain credibility in his household
- I will not be able to support my family through family weddings and funerals for an additional 3 months.
- 15 months increases my families bitterness towards the Army
- I will not be able to see my goddaughter get married
- I miss Halloween 2x, Thanksgiving 2x, Christmas 2x, New Years 2x
- I miss my 25th Anniversary
- I will not send my daughter off to college
- There is more arguing between my wife and daughter
- With a 12 month dwell time there is less time between deployments
- I have a greater appreciation for my wife and children
- My son has made the transition into adulthood more quickly
- My children are becoming self reliant
- More money in my bank account and less credit card bills
- More money for college tuition and books

Report 7: FIELD ARTILLERY BATTALION CHAPLAIN

This deployment has improved my communication with my wife. We have learned not to take our conversations for granted. When we get the opportunity to talk, we try our best to make the most of it.

The extra pay of deployment has helped us live a lifestyle slightly above what I

expected for my pay grade. We have taken more vacations, bought a house, and purchased an SUV that is loaded with features as opposed to the basic model. In addition, we increased our savings to the highest point in our marriage. Finally, my wife has been forced to handle all of the household finances by herself. This made her more independent, and caused the better accountant between us to handle the money. One negative: BIG TALK ABOUT WARRIOR PAY WITH NO EXECUTION OF IT.

Challenges:

- Too much stress on a wife when she takes care of 4 children alone for a year or more in repeated deployments
- 15 month deployments do not add anything of value to the career experience of the chaplain (or soldier) vs. 12 months other than forced endurance during family separation
- Soldiers get weary / complacent in the mission in that extended period
- Perception of a 15 month deployment is that the Army does not care about families or soldiers
- Perception of the 15 month deployment is the Army is SO BROKEN, OVERTASKED, AND DESPERATE, that they cannot sustain the conflict that they have
- These perceptions hurt the couple's morale
- Enduring a 15 month deployment is challenging when other peer chaplains don't deploy at all or serve shorter deployments or beg superiors in order to keep from deploying 2 duty stations in a row while others do – WIVES TALK AND THERE

IS A PERCEPTION THAT CERTAIN UPPER LEVEL CHAPLAINS SHOW
ASSIGNMENT FAVORITISM

Immature couples endure a 15 month deployment. Often the spouse at home that encountered marital problems before deployment enjoys being alone, so they physically separate when the soldier returns. Many spouses perceive the extended rotations as imminent and indefinite throughout their husband or wife's career. KNOWN SEPARATIONS: DIFFICULT TO TRACK BECAUSE THE SITUATION CHANGES. IN ADDITION, WITH A 15 MONTH DEPLOYMENT, SOME SOLDIERS ARE NOT SURE IF THEIR SPOUSE IS "SEPARATED", NOT ANSWERING THE PHONE, OR CHOOSING TO MOVE, ETC.

Soldiers go through divorce a variety of reasons, but the 15 month deployment can often be the straw that breaks the marital camel's back. Immature couples see physical presence of the spouse as necessary for marital success. Absence for 6 months can be perceived as normal. Absence for over a year seems absurd and detrimental to a marriage when repeated. The thought of future separations encourages divorce as a more viable option than staying with an absent father or mother. KNOWN DIVORCES: 20 OUT OF APPROXIMATELY 225 MARRIAGES (AMOST 10%). More will occur when we return and soldiers can actually file.

We have sustained about 10 suicidal "attempts", "gestures", and "threats" total in 6 months. I expect more. In my opinion, many were not legitimate. Soldiers use the suicide "TRUMP CARD" to get out of what they perceive as too long of a deployment. Usually the threat or attempt comes from a soldier with family problems. Some soldiers go on leave in month 3 of the deployment, with 12 more to go. If a perceived crisis

occurs with their spouse during month 5, they use suicide as a way to go home (and sometimes that way is granted). This becomes a snowball effect when others see soldiers given a suicide “ticket” to go home.

Other challenges for the units:

- Soldiers, leaders, and NCOs are discouraged from staying in the Army...PERIOD.
- The Army originally stated that the BCT life cycle was: 1 year preparing for deployment, 1 year deployed, and 1 year refitting...soldiers do not see the Army as able to keep their promises
- Some soldiers return from “mid” tour leave with 12 FULL months left in their deployment
- Other soldiers enter theater with 12 months to go UNTIL their “mid” tour leave

SUGGESTED DEPLOYMENT LENGTH:

- 1 Year or less for a counterinsurgency deployment or PCS unaccompanied tour in Korea or other country is bearable with a mid tour leave
- 1 deployment every three years is better for an Army that expects the soldier to deploy throughout a 20 year or more career
- 9 months would be VERY BAD without mid-tour leave or VERY GOOD WITH ONE
- 6 months would be challenging if the soldier deploys 6 out of 18 months for his entire career...that would equate to 12 deployments in a 20 year career.

APPENDIX C: LETTER FROM A SOLDIER'S SPOUSE

[letter from *Army Times*, the spouse of a soldier]

I am writing in great concern for the welfare of my husband. I understand his bolt and Gerber knife have been taken away from him at this time due to suicidal tendencies/thoughts. Paul and I were on yahoo chat this morning when he kept writing over and over how much he'd like to take his own life. I told him to seek help immediately. I know he had been sad for sometime. He also has been suffering needlessly from cluster headaches since being in Tallil. He was receiving medical treatment there and was supposed to attend physical therapy. My husband also was in need of council from the chaplain there in Tallil more than the one time or so he saw this chaplain.

My husband has repeatedly requested permission from those in his command for assistance in ensuring he makes his appointments in Tallil to no avail. I've noticed and my husband will attest that his cluster headaches ARE REAL and are excruciatingly painful. They do not go away. This pain is devastating. He was to return to medical in Tallil for more treatments, medication and an MRI. This soldier needs more attention than what a medic can render. He needs professional counseling, medical attention and medication. This can all be verified through medical records and council given to this soldier by chaplains and medical staff at Tallil. I would deeply appreciate somebody keeping me posted on the condition of my husband often as well as what precisely is being done to care for this soldier. I have never in my life seen my husband like this including when his son died at home in bed with him and when his father died three months later. My husband is a normal man who is begging for help and has been turned away time and time again. I would certainly hope that this email will bring to your

attention the urgency of this man's desperate situation. Again, I repeat, my husband is not normally like this. I have NEVER seen him like this before! Please, continue to monitor him closely and constantly and please get him the help he NEEDS. He really is scaring me! I don't know what else to do!

I've been everywhere trying to get him some help today. So far not much has been done. I do understand a mission is underway, movement is underway and priorities are set. At the same time I know when a soldier cries for help like my husband has more outside of the norm NEEDS TO BE DONE. You all have seen my husband on normal days. You KNOW this is not normal behavior for him. He 'spiraled' down over night! He's deeply depressed and is in need of these cluster headaches to be treated, his MRI done as he was to have done in Tallil, more meds administered to him including antidepressants just as the doctors in Tallil have so noted and suggested. Paul was on medications in Tallil. Paul was on a profile in Tallil. I don't know what else to tell you all. He's not playing a game, I can tell you that for certain! I know this man very well. Again, in closing, I plead with you all to assist Paul, my husband, in getting the all around care he needs a Medic CANNOT SUPPLY THAT FOR HIM! He needs professionals immediately. I sincerely hope this brings to light the serious nature of this situation concerning my husband. He is definitely suicidal. That is all he kept talking about this morning on the chat we had. This is brought on by severe pain and other factors.

In closing I respectfully thank you all for your much needed help on my husband's behalf. Thank you all for your time.

Sincerely, Mrs.xxxx

P.S. Please do not fail this soldier! I do believe you all know I would not be trying so hard to get him assistance if I did not think he needed an outside source to help him. He is not thinking like himself, speaking like himself, acting like himself nor appearing like himself. Please take him seriously and help him. Thank you!

APPENDIX D: RECOMMENDED ROLES AND RESPONSIBILITIES

Role (Responsibility)

Reunion Training (Chaplain)

Communication Training (Chaplain)

Suicide Awareness (Chaplain)

Marital Assessment (Chaplain -- as required)

Finance Redeployment Info (Finance)

SCRA & USERRA (SJA)

Theater Medical Threat (Medical)

Mental Health (Medical)

Post Deployment Health Assessment (PDHA) (Medical)

Mild Traumatic Brain Injury (MTBI) and PTSD (Medical)

Tricare Benefits (Medical)

Unit Risk Reduction (Unit Leadership)

Sexual Assault Prevention and Response (Unit Leadership)

Substance Abuse Prevention (Unit Leadership)

REFERENCES

- 1-76 Field Artillery Battalion Chaplain Assessment. (2008). Received by Brigade Chaplain, Forward Operating Base, Kalsu, Iraq Jun.
- 2nd Brigade, 3rd Infantry Division. Brigade Chaplain Interview. (2003). Interview by Center for Army Lessons Learned, Ft. Leavenworth, KS, May.
- 3-7 Cavalry Squadron. Squadron Chaplain. (2003). Interview by Center for Army Lessons Learned, Ft. Leavenworth, KS, May.
- 3rd Infantry Division (Mechanized). (2003). Operation Iraqi Freedom Lessons Learned. After-Action Report, Ft. Stewart, GA, July.
- 3rd Infantry Division. Division Chaplain Interview. (2003). Interview by Center for Army Lessons Learned, Ft. Leavenworth, KS, May.
- Adler, A., Huffman, A., Bleise, P., & Castro, C. (2005). The impact of deployment length and experience on the well-being of male and female soldiers. *Journal of Occupational Health Psychology*, 10, 121-137.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders (DSM IV-TR)*, Fourth Edition. Washington DC: American Psychiatric Association.
- Aquinas, T. (1274). *Summa Theologica*. Retrieved 12 December 2010 from <http://www.intratext.com/IXT/ENG0023/>.
- Associated Press. (2006, April). Army suicides hit highest level since 1993. Retrieved 1 January 2011 from http://www.msnbc.msn.com/id/12428185/ns/us_news-security/.
- Augustine. (398). *Confessions*. Retrieved 12 December 2010 <http://www.stoa.org/hippo/>

- Axelrod, B. (2006). Interpreting symptoms in military personnel after combat. *The Lancet*, 367, 1709-1710.
- Babbie, E. & Benaquisto, L. (2002). *Fundamentals of Social Research*. Toronto: Nelson.
- Barry, D. (1991). Managing the Bossless Team: Lessons in Distributed Leadership. *Organizational Dynamics*, 20(1), 31-47.
- Bonura, Dean (2009). A Biblical Approach to the Problem of Post Traumatic Stress Disorder. Gordon Conwell Theological Seminary, Library.
- DePrince, A.P. & Freyd, J.J. (2002). The harm of trauma: Pathological fear, shattered assumptions, or betrayal? In J. Kauffman (Ed.) *Loss of the Assumptive World: a theory of traumatic loss* (pp. 71–82). New York: Brunner-Routledge.
- De Roos, C., Greenwald, R., de Jongh, A., & Noorthoorn, E.O. (2004). *EMDR versus CBT*. Poster presented at 20th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, November.
- De Silva, P. and Yule, W. (2001). Reactions to traumatic experiences: Understanding and treatment. *International Review of Psychiatry*, 13, 149-154.
- Dixon, L., Browne, K., & Hamilton-Giachritsis, C. (2005). Risk factors of parents abused as children: A mediational analysis of the intergenerational continuity of child maltreatment (Part I). *Journal of Child Psychology and Psychiatry*, 46(1), 47–57.
doi:10.1111/j.1469-7610.2004.00339.x
- Field Manual 1-05. 2003. See United States. Department of the Army. 2003a.
- Field Manual 3-0. 2001. See United States. Department of the Army. 2001.
- Field Manual 4-0. 2003. See United States. Department of the Army. 2003b.
- Field Manual-16-1. 1995. See United States. Department of the Army. 1995.

Foa, E., Keane, T., & Friedman, M., (2000). *Effective treatments for PTSD*. New York: Guilford Press. doi:10.1023/A:1007802031411

Freud, S. (1953). Three essays on the theory of sexuality. *Sigmund Freud on Sexuality*. New York: Viking Penguin. (Original work published 1905).

Frueh, C., Grubaugh, A., Cusack, K., Kimble, M., Elhai, J., & Knapp, R. (2009).

Exposure-based cognitive behavioral treatment of PTSD in adults with schizophrenia or schizoaffective disorder: A pilot study. *Journal of Anxiety Disorders* 23(5), 665-675.

Githens, R. P. (2007). Understanding Interpersonal Interaction in an Online Professional Development Course. *Human Resource Development Quarterly*, 13, 253-274.

Hornick, E. (2009, February 10). Gates: Obama to decide on troop increase in days. *CNN*.

Retrieved 1 January 2011 from

<http://politicalticker.blogs.cnn.com/2009/02/10/gates-obama-to-decide-on-troop-increase-in-days/>.

Ikenberry, G. (2004). Illusions of empire: Defining the new American order. *Foreign Affairs*, 3/4, 1-6.

Karami, A., Analoui, F., & Rowley, J. (2006). Research and knowledge building in management studies: An analysis of methodological preferences. *International Journal of Management*, 15, 43-52.

Laufer, R., Brett, E., & Gallops, M. (1985). Symptom patterns associated with Posttraumatic Stress Disorder among Vietnam Veterans exposed to war trauma. *American Journal of Psychiatry*, 142(11), 1304-1311. doi:10.1097/00005053-198509000-00004

- Lester, S. (1999). *An introduction to phenomenological research*. New York: Stan Lester Developments.
- Merriam, S.B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass.
- Schechter, D., Zygmunt, A., Coates, A., Davies, M., Trabka, K., et al. (2007). Caregiver traumatization adversely impacts young children's mental representations on the MacArthur Story-Stem Battery. *Attachment and Human Development*, 9(3), 187-205. doi:10.1080/14616730701453762
- Schnurr, P., Friedman, M., Engel, C., Foa, E., Shea, M., Chow, B., et al. (2007). Cognitive behavioral therapy for Post Traumatic Stress Disorder in women: A randomized control trial. *The Journal of the American Medical Association*, 297(8), 820-830. doi:10.1001/jama.297.8.820
- Scurfield, R. (2006). Post-Katrina aftermath and helpful interventions on the Mississippi Gulf Coast. *Traumatology*, 12(2), 104-120. doi:10.1177/1534765606295924
- Scurfield, R. M. (1985). Post-trauma stress assessment and treatment: Overview and formulations. In Figley, C. R. (ed.), *Trauma and its wake: The study and treatment of Post-Traumatic Stress Disorder* (pp. 219-256). New York: Brurmer/Mazel.
- Smith, J. & Osborn, M. (2009). Interpretative phenomenological analysis. In J. Smith, P. Flowers, & M. Larkin (eds.), *Interpretative Phenomenological Analysis: Theory, Method and Research*, New York: Sage.
- Steckler, N. & Fondas, N. (1995). Building team leader effectiveness: A diagnostic tool. *Organizational Dynamics*, 23, 20-35.

- Stewart, J. (2006). Transformational leadership: An evolving concept examined through the works of Burns, Bass, Avolio, and Leithwood. *Canadian Journal of Educational Administration and Policy*, 54.
- Stewart, P. (2009, November 17). U.S. Army suicides set to hit new high in 2009. *Reuters*. Retrieved 1 January 2011 from <http://www.reuters.com/article/idUSN1752246>.
- Van der Kolk, B.A. (1996). The complexity of adaptation to trauma. In B.A. van der Kolk, A. C. McFarlane, & L. Weisaeth (eds.), *Traumatic Stress*. New York: The Guilford Press.
- Weiner, E. (2003). Secretary Paulo Freire and the democratization of power: Toward a theory of transformative leadership. *Educational Philosophy and Theory*, 35(1), 89–106.
- Wesensten, N. & Belenky, G. (2005, Spring). Cognitive readiness in network-centric operations. *Parameters*, 94-105.
- Wong, L., Bliese, P., & McGurk, D. (2003). Military leadership: A context specific review. *The Leadership Quarterly*, 14(6), 657-692.
- Young, P. (2001). Leadership and the Myers-Briggs type indicator. *Program Manager*, 30(2), 48-51.

VITA

Albert Lee Downing was born January 28, 1954 in Plymouth, North Carolina. He graduated from Plymouth High School in 1972 and received the Bachelor of Science degree (Bible Christian Education) from Mid-Atlantic Christian University formerly Roanoke Bible College in Elizabeth City, North Carolina (becoming the first African American to graduate from the college). He received the Master of Divinity degree from the Southeastern Baptist Theological Seminary in Wake Forest, North Carolina, and a Doctor of Ministry degree from Logos Graduate School, Jacksonville, Florida, in 1996. He began his study at Gordon-Conwell Theological Seminary in January 2007. After a fourteen month deployment to Iraq, he resumed his studies and will graduate with a Doctor of Ministry degree in Pastoral Skills (including pastoral counseling) from Gordon-Conwell Theological Seminary, Charlotte, NC Campus in May 2012.

Mr. Downing received his commission to the rank of Lieutenant in the Navy in 1986. He entered active service in the Navy after completing the Navy Chaplain Basic Course at Newport, Rhode Island in October 1986. He received the State of Rhode Island Pluralism Award upon graduation. He was assigned to Camp Pendleton, California.

He taught in the Winston-Salem/ Forsyth County School System and pastored several churches in that community.

Mr. Downing entered the U.S. Army Chaplaincy as a captain in 1998 and attended the Chaplain Officer Basic Course at Fort Jackson, South Carolina and has had numerous assignments.

He is married to the former Inza Jones.